The Mental Hygiene Movement in Canada

At the tenth annual meeting of the Canadian National Committee for Mental Hygiene, Dr. Charles F. Martin, Dean of the Faculty of Medicine, McGill University, and President of the Committee, said in part:

Mental Hygiene is, in reality, nothing new. In its present organized form it is the practical reincarnation of a doctrine preached centuries ago by Plato, when he urged upon physicians to consider the souls of their patients as well as their bodies.

Even today, modern medical science has its limitations and scarcely touches the human mind, nor does it penetrate, as said St. Augustine, into that *abyssus humanae conscientiae* — the abysmal depths of personality. A man comprises something which not even the spirit of man, which is in him knows. *"Esi aliquid hominis."*

The mental hygiene movement, then, is the offspring of a love for the human kind, a recognition that this is perhaps the greatest medical problem that has yet been approached—the most important and far-reaching, because it tears at the heart-strings of every man, woman and child.

It attempts, through organized effort, to supplement the successes of science, appealing to the human mental factors which contribute so essentially to health and success in life.

Mental disorders enter into the experience of every human being, and it is only a matter of degree whether our disorder be some emotional disturbance, some kink in our personality or a grave psychosis demanding custodial care.

This is the modern view supported by scientists the world over.

Why not, then, learn to face frankly the significance of the term "mental disorder"? Why not realize that the morbid jealousies, the seclusiveness, the emotional upsets and the nervous dyspepsia, are just as much mental disorders as is dementia praecox; for do they not all arise from the same group of factors, some mild in type and others more severe?

Let us realize the misconception that probably exists in your mind, and often in that of the medical profession, as to the significance of the term insanity. It is high time for us to learn that insanity is merely a legal term, to be adjudged by the courts, not by the physician. Insanity is not something apart, but merely the end product of mental and social failure, of the same group of disorders that induces the tantrum in the child, the anxiety neurosis in the girl, and the many emotional disturbances that affect life in the home.

The causes of these mental disorders are far more numerous than were ever before recognized. Heredity and predisposition are only two of many factors, and are in themselves indifferent as causes: an established fact which should allay the fears of those with unfortunate family histories. These mental disorders are associated as well with a thousand and one physical and physiological factors, even more than with causes psychological. It is for reasons such as these that the nightmares of childhood are just as much in need of serious consideration as a discharging ear or an intestinal disorder. Modern psychiatry has amply justified this fundamental and important truth.

And hence it is that the mental hygiene movement is not to be entrusted to the mercies of the psychologist alone, but has every need of the sound physician of judgment and experience. This is not a mere psychological problem, but involves the broad principles of medicine and all the physical factors that go to make up general health.

May I tell you confidentially that the ignorance of the average physician as to the factors underlying mental disorders, more especially in children,

is something appalling. But we cannot blame the medical profession for this. Universities and medical schools have never yet been brought to realize how much the responsibility is theirs, nor what a message the mental hygiene movement could convey. Few there are among our practitioners who have been adequately taught to regard the mental care of the growing child as equal in importance with the care of his digestion, or who regard abnormal behaviour manifestations as significant as a chronic appendix. How few physicians there are familiar with the technique of examining the mentality of the growing child! How many concern themselves with the educational programme of the schools, or with the activities of its medical inspectors? And yet herein lies one of the fundamental problems concerned with the child's future happiness and success in life.

Sad, is it not, that to the average scientific physician the patient is but a physical-chemical product, devoid of personality, and seemingly without a world of his own, full of emotions, cravings and repressions?

The rise of specialism, the gradual elimination of the family physician, has but tended to intensify this point of view. The modern patient with some obscure malady is relegated to a syndicate of doctors, each interested in his own narrow sphere, and all too often, when a diagnosis is finally achieved, the personality of the patient receives but the scantest of attention. Is it any wonder, then, that the cults can flourish? But I am digressing. What of this mental hygiene movement? — its aims, its methods, its *raison d'etre*. I will tell you briefly, even at the risk of repetition of seeming platitudes.

Its purpose is two-fold. First, the prevention of nervous and mental disorders; and, second, the better care and treatment of those afflicted.

How does it endeavour to achieve results? Primarily by education, by a dissemination of knowledge concerning the facts, and, lastly, by research.

Some of these facts are astounding in their revelations.

There are 24,000 patients in public mental hospitals, and their upkeep is maintained at an annual cost of $9,000,000.

There are in this country more hospital beds occupied by mental patients than there are patients in all the general hospitals of the land. Add to this the fact that there are as many insane mental patients to-day outside of mental hospitals as there are in them: and when I tell you that communicable diseases are more rapidly spread through their agencies than through any others, you will realize the menace there is to this country.

The captains of great industries are only beginning to notice how large a percentage of accidents and poisonings occur among their feeble-minded employees. The time is at hand when every physician is beginning to learn that disturbances of emotion and personality must be remedied if, in an industry, efficiency is to be increased and stability of labour is to be maintained. Happiness and loyalty follow of themselves, in industry, when mental hygiene principles are pursued. It is not generally known that Canada has at present 60,000 of pronounced mental deficiency, not to mention the tens of thousands suffering from more or less serious nervous disorders which can neither be classified as insane nor as mentally deficient.

A careful, systematic inspection of the schools has revealed the fact that approximately four per cent of all school children (a greater number than graduate from our Canadian universities) are in need of mental hygiene treatment, without which they will inevitably become the victims of grave forms of mental disorder.

What, then, is to become of our national efficiency, when mental defects result in greater national degradation than do all the physical disorders combined?

These are some of the facts revealed by our National Committee, and for which this volunteer organization has been stimulated to activity.

No other organization or corporation is charged with such a task. Upon no group of men or individuals does it

devolve to correct these defects of national importance. True, it is essentially a matter of public health, of medical practice, and of social service—the function of governmental supervision and legislation; but in the absence of organized effort, the Mental Hygiene Committee has bent itself to the voluntary task of aiding in the solution of this as a national health problem. The public health official on whom has been placed the problem of organic and communicable disease, and who is charged with the custodial care of the mentally sick, is at last reaching out for these larger problems of prevention in mental disorders. The mental hygiene point of view has impinged upon his retina and entered his consciousness as never before.

Meanwhile, the National Committee has endeavoured, by means of education, to advance the cause of prevention and cure. You would scarcely credit the extent to which this education has gone in the decade of its achievement.

Let me confess that the educational process began with college presidents, with deans, and professors in medical schools. Next came the psychologist. The psychologist, jealous of his own status, soon realized the limitations of his knowledge and experience in the practical field of mental hygiene, and gladly joined our colours, eager to learn and profit, and ultimately to help. Today the psychologist to whom mental hygiene makes no appeal is as the old man who, unable to keep pace with the rapid current of medical science, creeps up on the bank and silently watches the stream of progress flow by him and beyond. Education came next to the teachers in our schools, to the social workers and the nurses. Soon, too, it became evident that to governments, federal and provincial, might be offered advice, suggestions, and service, to further this national health problem. And lastly, the greatest of all, came the education of the average citizen, for, without public and individual participation, no permanent benefit will ever ensue. A well-defined public opinion is always the precursor of sound legislation.

And so the scope of our educational programme has been a wide one indeed, and its results have exceeded our most sanguine hopes.

In our medical schools better facilities were rapidly afforded for instructional research. Courses of study were reorganized, amplified and improved. More and better teachers were added to the staffs, mental clinics were established in our general hospitals, while the principle of prevention of mental disorders, as a public health measure, has been increasingly intensified.

Nor has our educational programme ceased with this. Fourteen fellowships were acquired to encourage young university graduates in study abroad in order that they might bring back to our Committee the best that foreign countries had to offer in practice, teaching and research. For the first time in the history of Canadian universities a group of twenty scientific experts in the field of medicine have gathered together, co-operating in closest harmony on these great problems of national importance. Well would it be, indeed, if other departments of science would emulate the example of the Canadian National Committee for Mental Hygiene.

And now, but a word of the influence exerted by this movement on the governments of Canada, of the interest and enthusiasm that was aroused in them by our Medical Director. In seven provinces of the Dominion, surveys made at the request of the governments were followed by consultations which had far-reaching results. Six million dollars have been spent in Canada to raise the standard of hospital, institutional and social practice, and never yet has any government demurred at the cost. Mental hospitals were erected. psychopathic clinics were established, schools for the feeble-minded and institutions for mental defectives were built. If you would have an example of what wise legislation, skilled medical direction and mental hygiene principles can

do, visit the Rockwood Mental Hospital at Kingston, go to the Institution for Mental Defectives at Orillia, and you will realize what can be done in the spirit of humanity and science, not only to make hopeless victims happy, but to restore mental patients to health. And lastly, time does not permit me more than to mention the two hundred classes for mentally deficient children organized throughout the country, the training schools on the farm colony plan, and many kindred activities too numerous to mention.

Great foundations have come to appreciate the importance of this volunteer effort: $100,000 has been granted for the maintenance of two nursery schools for the study of mental processes in children of the pre-school age. Organized mental hygiene, then, looks to governments, to the doctor, the university, the social worker and the citizen for aid in its great work. Not least among our activities have been the classes on parent education instituted throughout the country, projecting a flood of light on the problems of the home, on the relations of parents to children, on the role in the family life of the educational training of the child. How often does the hand that rocks the cradle unwittingly plant the seeds of permanent mental ill-health! The parent is taught his duty in the supervision of the child—his idiosyncrasies and behaviour, his daily hygiene of sleep and food and play, his vocational adjustments and his emotional conflicts.

You will admit, then, that this mental hygiene movement is a healthy, if precocious child, and for one of his years must have an intelligence quotient of at least two hundred. Never has there been so bright a future; never has there been so much encouragement; but never has there been so much need for an intelligent understanding on the part of our average citizen. The public must learn more and more that this is a national aim, and just as the obliteration of tuberculosis, malaria and yellow fever was achieved when they became national conceptions, so the same thing is in the field of mental disorders. More experts are required in the field, and the public must be taught to accept leadership as a duty to society and the state. Mental hygiene must inevitably make its appeal to you and to me, to everyone who enjoys the privilege of a home and who appreciates the full significance of useful citizenship.

The problems of mental hygiene cannot be solved by science alone. Much, indeed, could be learned of this great movement by a careful searching of the Scriptures or by a study of the saints, or, best of all, perhaps, by following the doctrines and practice of St. Francis of Assisi, the greatest human experimentalist of them all.

Child Welfare in New Zealand

By OLIVE M. GARROOD, School Nurse, Kamloops, B.C.

The following article was written by Miss A. Partridge, honorary secretary of the Plunket Society branch of Auckland, New Zealand. She has been an ardent and faithful worker for many years. When I was asked to write something for *The Canadian Nurse*, I thought many of its readers would be interested in this brief history of Sir Truby King's work as an introduction.

When I was in charge of two districts for four and one-half years, following my training in Dunedin, New Zealand, I was more than convinced of the value of his work.

The fundamental principle of the great success of this system is breast-feeding. The great importance of this cannot be overlooked. Many hundreds of mothers have been helped to feed their babies in the natural way. Regular three or four-hourly feeding is most essential. No night

feeding between 10 p.m. and 6 a.m. gives both mother and babe rest which is most necessary.

A very important feature is the stripping of the breasts after each feeding. Test feedings are given to ascertain the exact amount of milk the baby is getting from the mother. This is done simply by weighing the baby with clothes on before and after feeding. When the baby does not get the required amount the shortage is supplemented with humanized milk immediately after each feeding.

A twenty-four hour specimen of the mother's milk is usually taken and tested by the Plunket nurse in charge to find the percentage of fat. Many mothers have a high percentage of fat, due to the fact that they overfeed themselves with milk and cream. The babies then naturally suffer from indigestion. Young babies cannot assimilate a high fat percentage.

Then the mother is taught how to re-establish her milk supply. Breast milk has been completely restored even after a baby has been weaned for three weeks. The following is the routine treatment for re-establishing the milk supply. The method is very simple.

Take two basins, one of hot and one of cold water. Bathe first one breast alternately with the hot and cold water for about ten minutes, then the other breast in the same way. Always start with hot and finish with cold. Then rub vigorously with a towel and massage the breasts. The treatment should occupy from fifteen to twenty minutes. This treatment should be given twice a day. The mother should have a simply-balanced diet: that is plenty of fresh fruit, whole wheat bread, etc., and not too much milk. The old idea of eating for two has been quite abolished. A glass of water always should be taken by the mother immediately before nursing her baby. I have never known this method of Sir Truby King's to fail when carried out systematically.

The mother should rest every afternoon and take regular walking exercises daily. "The Expectant Mother and Baby's First Month" by Sir Truby King is a splendid book written along these lines. When mothers are really anxious to feed their babies as Nature meant them to be fed, they will persevere until they are successful.

It can be done. The sooner that mothers, who are the architects of humanity, realize their grave responsibilities to our future generation, the sooner we shall build a healthier, happier nation. It is amazing to see the large number of babies who are weaned at an early age. For the slightest excuse they are put on to cow's milk and water. In these mixtures there are very high percentages of protein, in many cases from 2 to 3.5%. I am sure Nature intended human babies to have the percentage as provided in the mother's milk.

Note the following tested comparisons:

	Sugar	Fat	Protein
Mother's Milk	7	3.5	1.5
Humanized Milk	6.9	3.5	1.5
Cow's Milk	5	3.5	3.5
Unbalanced mixture —Cow's milk with water and sugar added	8.6	2.0	3.0

Many babies are given whole milk at the age of seven or eight months with a protein percentage of 3.5. Sir Truby King has reduced the infant mortality in New Zealand to the lowest in the world by realizing the great importance of breast-feeding and balanced percentage feeding for babies needing artificial food. These mixtures are worked out scientifically to exactly the same percentage as the human milk. That is why it is called humanized milk. He has devoted twenty years of his life to this great study for humanity's sake. Surely he should be recognized as a great benefactor to mankind. It is surprising to find that in spite of this re-

search work done by him that one still finds people who criticise and do not believe in his methods. Yet he has saved thousands and thousands of lives. His motto has always been, "It is wiser to erect a fence at the top of a precipice than to maintain an ambulance below."

Note the following recent statistics. They speak for themselves:

Deaths From Infant Diarrhoea (Enteritis)
Under 2 years, per 1,000 births.

New Zealand	2.25
*Dunedin (Home of Plunket System)	.8
Australia	18.
Great Britain	15.
Canada	24.
Vancouver	3.5
United States	15.

*No deaths in last 2 years.

New Zealand	1907	9.
New Zealand	1926	2.5

Infant Mortality, Under 1 Year, Per 1,000 Births

New Zealand	38.74
Canada	78.
British Columbia	58.4
Vancouver	44.
United States	77.
Great Britain	75.
Australia	57.

New Zealand	1907	88.8
New Zealand	1927	38.74

One can only make the deduction that the high percentage of loss of life is due to wrong feeding. Truly, "The being of a baby is a risky problem" (Dr. Carden). How many of us realize that our strength as a nation depends on our moulding and building of these children who are our future generation? Surely we need healthy, happy citizens to carry on the progress of Canada and the advancement of our British Empire.

The Royal New Zealand Society for the Health of Women and Children---A Brief Account of its History

By AILEEN PARTRIDGE, Auckland, New Zealand.

I

In writing this brief account of the foundation of the Plunket Society it is necessary first of all to give some idea of the master mind directly responsible for its origin.

Frederick Truby King was born at Taranaki over seventy years ago (1858). At the age of 22 he left New Zealand to commence study at the University of Edinburgh. After a very brilliant career at the Medical School there, during which time he won that much coveted honour, The Ettles Scholarship, he spent some years in further study in Scotland and England. Then he spent considerable time in studying public health, and was one of the first few graduates in the then new subject of preventive medicine. He specialized in mental diseases, and some years later he returned to New Zealand and after holding several important posts he was in 1889 appointed Medical Superintendent of the Seacliffe Mental Hospital which is situated some twenty miles from Dunedin. He was also appointed lecturer in mental diseases and examiner in public health at the Otago University. In 1894 he returned to England to study brain pathology and nervous and mental diseases, qualifying as a member of the Psychological Association.

At Seacliffe Mental Hospital there were five hundred patients committed to his care, and he had entire charge of the large farming estate attached. He had no previous knowledge of farming, yet, in a remarkably short time he had mastered the whole subject from the growing of crops to the rearing of stock, with the result that within a few years Seacliffe carried off all prizes at the large agricultural and pastoral shows held at Dunedin, until the farmers of the surrounding districts entered a protest at govern-

ment institutions competing. Dr. King gave the closest attention to the simple and natural requirements of his stock, such as fresh air, correct feeding, etc. Coddling of calves was done away with, they were taken out of stuffy sheds and put under paling verandahs open to the sun all day though sheltered from the cold winds at night. Fed systematically in this way, I am told that these calves gained on an average over 100 pounds more in their first six months than they had gained previously, and more important still, none died, though previously many had succumbed to "scouring," or, as we say of babies, "infantile diarrhoea." I understand that the system arranged then by Sir Truby King has never been changed.

Next the poultry came in for their share of attention. Special treatment was given them with the same results. Fowls at three months were sent to Dunedin markets weighing four and a half pounds, and the supply of eggs went up by leaps and bounds until it rose to nearly a hundred dozen a day in spring, and I understand the return from the poultry farm alone was some £12,000 a year.

The potato crop yielded equally remarkable results on the application of scientific knowledge of requirements and proper system.

All this time Dr. King was carefully studying the welfare of the patients confided to his care. The grounds of the hospital were beautifully laid out and improved, sunk fences were arranged so that there were no "shut in" appearances, and the full benefit of the glorious view stretching far out to sea and along the coast line could be enjoyed. A separate cottage for convalescent women was built and tastefully furnished and carefully designed under Dr. King's personal supervision.

The application of these fundamental health principles conduced greatly to the improvement in the general health of the patients. Dr. King's intimate knowledge of every patient was remarked upon by the Inspector General of Hospitals in one of his annual reports.

I have wanted to make it clear that before Dr. King went into the question of the feeding and care of the baby he had conclusively proved that Nature's law as applied to plants and animals equally obtained with regard to the human race though up till this time practically no attention had been directed to the fact.

Always a profound thinker, Dr. King was deeply stirred at the amount of suffering that came before him. Much of it he felt sure was preventable and he set about finding some solution of the problem. It was his conviction that the terrible increase in mental diseases could only be stemmed by beginning at bedrock, that is, teaching women how best to care for themselves and their children. Dr. King was a keen student of social economy, and when investigating the statistics of the time he was appalled to find that in this new young country with its temperate climate and good conditions generally, the infant death rate was almost 90 per cent. This was the deciding factor. He felt convinced that this blot on our country's name could be wiped out if mothers, both prospective and actual, were roused to some system of education in mothercraft, and he commenced to give all his indomitable energy to the cause of mother and child. He had nothing to work on but his previous experience with plants and animals, for until this time no practical work of the kind had ever been attempted, although as far back as the middle of the last century both Herbert Spencer and Florence Nightingale had pleaded that some such education be given to the young womanhood of the nation, so that, in the words of Florence Nightingale, "They might hand the lamp of life more worthily on."

Dr. King and his devoted wife began by working quietly amongst the mothers and babies in and around the village of Seacliffe. For about three years they battled on alone. In common with all men who set out to blaze a trail through the jungle of ignorance and have the courage to preach doctrines in advance of the time, Dr. King had an uphill fight against the forces of apathy, ridicule and ignorant prejudice and was made to suffer martyrdom at the hands of the whole tribe of dullness and mediocrity. In these early days there was little or no supervision of licensed homes, and some glaring cases of "baby farming" came under Dr. King's notice. On one occasion he found three terribly emaciated little babies in a stable adjoining a house. They were stone cold and in a dying condition. There was no place to send them so Dr. King and his wife opened their own seaside cottage on the Karitane Peninsular, four miles from Seacliffe, and here, under Dr. King's guidance, his wife, with the aid of a young Scotch girl, nursed these poor wee waifs back to robust health. In all, thirteen of these babies were treated in this improvised baby hospital, and although all were in a dying condition when admitted, not one died. Good homes were found for them, and they were given a chance that did not seem possible at the beginning of their poor little lives.

As a result of this initial success in a small way Dr. King's self-imposed task came under the notice of some public hearted citizens and in 1907 a public meeting was held in the Town Hall, Dunedin, which resulted in the formation of the Plunket Society. For a time only the few and far-seeing gave active support. The majority held to the theory that what was good enough for their grandmothers was good enough for them, forgetting that civilization was undermining humanity everywhere, and creating new problems that could only be dealt with by more modern methods. About this time also the late Mr. Woolfe Harris gave to this new society his cottage and large grounds at Anderson's Bay, Dunedin, and the babies were transferred there from Dr. King's own home which had become known as the "Little Karitane Baby Hospital." This small beginning has become the training centre for Plunket Nurses for the whole Dominion.

Progress at first was slow, but one by one the cities and towns recognized the benefits of the society and requests came from all parts to have branches set up.

Dr. King's work at Seacliffe prevented him from leaving Dunedin for any length of time, and knowing full well that success depended entirely upon the tact and understanding of those to whom the organizing of these new branches was entrusted he decided to seek the help of the wife of the governor of the time, Lady Plunket. Lady Plunket was the mother of eight young children, and Dr. King's scheme for assisting the mothers of New Zealand appealed to her very strongly. As she travelled from centre to centre she called meetings of interested citizens and set up representative committees. These made themselves responsible for financing the branches and for the general administration of them. In honour of Lady Plunket the nurses who were appointed to work, under Dr. King's guidance, at the various branches, were named Plunket Nurses—the name by which they are still known. By 1912 when the society had been in existence some five years statistics showed such a big drop in the infant mortality that Dr. King was set free from his post at Seacliffe for three months and asked by the government to establish branches wherever he could find women willing to undertake the management of them. By 1917 the society's work had created great interest abroad and towards the middle of that year the authorities in Eng-

land, appalled at the terrible wastage of infant life there, cabled to Dr. King to go over and establish his New Zealand system at the heart of the Empire.

To establish a new hospital in London during war time was no light task, as the work was hampered by every kind of restriction.

Miss Pattrick (now the Director of Plunket Nursing) was on war service at this time and the military authorities released her so that she might assist Dr. King in his new crusade.

Between them they overcame incredible difficulties and the Karitane Hospital and Mothercraft Training Centre founded by them in 1918 has been successful beyond their wildest hopes. Since then many Plunket Centres have been established, in South Africa, Palestine and many of the Australian States.

Immediately after the war Dr. King was appointed one of three British representatives of child welfare interests at an inter-allied Red Cross conference which sat for nearly a month at Cannes, Riviera. He was then appointed by the War Victims Relief Committee to visit Austria and Poland in the interests of women and children.

Soon after Dr. King returned to New Zealand, in 1921, the government appointed him Director of Child Welfare, and in this capacity he acts with the Department of Health in conjunction with the Plunket Society of which he is still the general president and supervising genius: guiding, leading, fostering weak branches, investigating every scientific point, and carrying on at the same time an enormous correspondence with the outside world.

In January, 1925, Dr. King's services were recognized by his having the honour of Knighthood conferred upon him.

II

One is constantly asked "What is the New Zealand System of Child Welfare?" Wherein does it differ from that of other countries.

Speaking before a medical club in London some years ago Professor Kenwood deplored the fact that practically all London's many infant centres were giving out widely conflicting and utterly irreconcilable advice; he said what seemed to him most necessary for the betterment of the race was the dissemination of uniform, authoritative advice on the rearing of infants. This ideal has been more nearly achieved in New Zealand than anywhere else in the world with results that have been universally recognized and appreciated. *Diversity of opinion on matters of detail will always obtain in all spheres of practice*, but Sir Truby King has succeeded in placing New Zealand on the one broad system that has met with general approval and won the intelligence of the country.

There are still those amongst us to whom the Plunket System means nothing more than a baby and a bottle of humanized milk.

It is something rather more than this.

At its head is Sir Truby King, Director of Child Welfare under the Department of Health, Wellington.

Next is Miss Pattrick, Director of Plunket Nursing, whose headquarters are at the chief training centre — Dunedin, and who visits all the main centres at least twice annually, and the smaller centres once annually to confer with the committees and Plunket Nurses: also she examines the trainees at all the Karitane Hospitals in their practical work. In this way the whole work is co-ordinated and uniformity is maintained.

The society maintains a band of 130 District Plunket Nurses (the great majority of these being nurses with wide experience in all branches of nursing and chosen for their general suitability for welfare work).

At all the main centres it has its Pre-natal Clinics, its Infant Welfare Centres and its Karitane Hospitals and Mothercraft Training Centres.

Pre-natal Clinics

To the Pre-natal Clinics patients come once a month (or more often if the patient or her doctor wishes it). During the last two months of pregnancy she is urged to attend once a fortnight.

Advice is entirely free of charge. The nurse in charge sends monthly reports to the medical officer of the district. Patients are urged to visit their *own* doctor, the latter is at regular intervals kept informed of his patient's general condition.

The clinic nurses also carry out *external* pelvimetry, urine testing, recording of blood pressure, and advice is given on such points as general hygiene, the correct preparation and cooking of suitable diet, clothing essentials and preparation of baby's outfit.

The making of suitable maternity supports, also labour outfits — (expectant mothers may have standard maternity outfits packed and sterilized free of charge).

In addition to verbal advice booklets are issued to patients free of charge.

The nurses in charge do *not* advise treatment of any kind. Suspected abnormalities are immediately referred to the patient's *own doctor.*

Busy physicians are finding these clinics a great boon, and are advising their patients to attend regularly.

P ost-natal Work

The society maintains Infant Welfare Centres in all the principal towns in the Dominion. From these centres the District Plunket Nurses visit the homes in the surrounding country. Mothers of all classes are encouraged to bring their babies to the centres for regular weighing and supervision.

To ensure that all mothers may know that the help of the nurses is available to them, the nurse in charge of each centre is supplied by the local registrar with a daily list of births registered. These lists are treated with strict confidence. A few weeks later a tactfully worded letter is sent to each mother offering her the help of the nurse's services. A printed slip is enclosed which the mother is asked to return to the nurse if she wishes her to call. The Plunket Nurses do not go into any home uninvited. The mothers are instructed in the management of natural feeding and general mothercraft.

The main function of the society's nurses is to educate and help parents and others in a practical way in the hygiene of the home and nursery. The society knows no class distinction. To the Plunket Nurse a baby is a baby whether cradled in a mansion or a cottage. At the Plunket Centres all meet together on grounds of common motherhood and humanity without any trace or suggestion of patronage or charity.

At all Plunket Centres detailed records of all cases are kept, and in the event of a mother moving from one town to another her records are sent on to the nurse at the second centre where the mother will attend so that the new nurse may take up the case exactly where the first left it, and so carry right on without any unnecessary experimenting or upset to the baby.

Karitane Hospitals and Mothercraft Homes

In one sense the healing of sick babies is the least important aspect of the society's hospitals—the institution is a school for mothers—an ever open object lesson by means of which hundreds of visitors of all classes see and are taught personally every year the essentials for healthy motherhood and babyhood. At the cottages for mothers which are usually attached to the Karitane Hospitals conditions are made to conform as far as possible to those in an ordinary home, and too much hospital routine is avoided.

The cottages are simply but attractively furnished and are surrounded by pretty gardens. Nursing mothers who are experiencing difficulty in rearing their babies are encouraged to become inmates for a week or longer so that they may be set on the right track.

At the main hospital skilled treatment is available for babies who have passed beyond the simple treatment that can be carried out in their own homes.

The Karitane-Harris Hospital, Dunedin, is used by the university as the institution for the practical and clinical teaching of pediatrics to our medical students and by the professor of domestic science for teaching the students this aspect of their work.

Propaganda

In addition to these institutions and welfare centres, the society carries out widespread propaganda by means of press articles. In all, some fifty newspapers throughout the Dominion publish "Our Babies" column, weekly, free of charge. In this way practically all the mothers in the Dominion are kept in touch with the work of the society. During last year 75 per cent. of all babies born in the Dominion came under the care of the Plunket Nurses. A constant stream of correspondence from every part of the world pours in and Sir Truby King's text books have been translated into seventeen different languages.

Fellowship for Research Work in Child Welfare

The latest forward move made by the society has been the founding and endowing of a University Fellowship for Research Work in Child Welfare attached to the Dunedin Medical School, and it is felt that such a fellowship will tend to cause a great deal more time and thought to be given to the paramount importance of the subject of Child Welfare, and it is hoped that it will attract the serious attention of some of the more able and ambitious students at the medical school.

The fellowship is called "The Lady Truby King Fellowship" in honour of the late Lady King who for twenty years rendered such splendid service to this country, and who shared equally with her famous husband in all his humanitarian activities.

In Conclusion

It will be seen from a small beginning that the Plunket Society has become one of the biggest and most powerful organizations in the country.

Today it has its branches in some five hundred centres in New Zealand, and has spread to many other parts of the world.

In conclusion it is well to emphasize the fact that the society's work is mainly preventive; its policy has always been to go to first causes. In the words of Sir Truby King, "Social sanity lies in prevention, not in allowing people to drift without rudder or anchor and then trying to drag them off the rocks and re-fit them at ruinous cost."

The Plunket Society is striving not merely to lower the infant death rate but to raise the standard of health generally.

"For the sake of the Women and Children; for the advancement of the Dominion; and for the honour of the Empire."

INFORMATION FOR NURSES IN OTHER COUNTRIES

The Committee on Arrangements for the sixth general meeting of the International Council of Nurses wishes to announce through these columns that the committee will greatly appreciate hearing at an early date from nurses in other countries who are planning to attend the Council. Many offers of hospitality are being received from the citizens of Montreal for the entertainment of visiting foreign nurses. In view of these invitations on file, the committee is making the above request in order that visiting nurses may be provided with the best Montreal has to offer.

The Nurse and the Law

By HAROLD FISHER, K.C., Ottawa.

I have given some thought as to what law a nurse ought to know. I have almost come to the conclusion that there is none. The reason is not hard to find. When I was a youngster, I used to look on the policeman as an enemy. It was not until I was quite a big fellow that I came to realize that the policeman was a friend—a person whose business it was to protect me and mine — and that he was my policeman. There seems to be tendency to look at law in the way I as a boy looked at the policeman. Some people seem to think that the law is a kind of monster of which one should be terribly afraid. That surely is a wrong attitude. The law is really a friendly thing. Laws are merely the rules of the game that exist for the purpose of enabling us to get the most out of the game.

We have a law that says that no one shall drive a car more than twenty miles an hour in the city. Sometimes we feel that this is an irritating restriction. Really this law is made to prevent motorists from killing each other or running down pedestrians. It is our law made for our protection. It is the same with most other laws. For the most part they are reasonable rules such as any sensible person having regard for other people would work out for his own guidance. That being the case, I could cut this lecture short by concluding with the injunction—"Do what your conscience and your common sense tell you is right, and you are never likely to find yourself in trouble with the law."

What a fine thing it would be if the idea which I have expressed were generally accepted — that the law, like the policeman, is our law—not made by some tyrant, but by ourselves or others who represent us, and made for our protection. It follows from this idea that the man or woman who breaks the law is not playing fair. He is not observing the rules that were set up by him and for him. The good citizen observes the law. Sometimes he may think that in places the law is bad. If he does, he will try to have it changed, but so long as it remains, he will obey it.

The Witness

I expect that most of you will never be in court. Some of you will go there as witnesses. Perhaps it is not a thing to be desired to be called upon to give evidence in court, but at the same time it is nothing to worry about. All that you are called upon to do is to go and tell your story.

When I speak about telling your story, I do not think there is much need to say anything about how it should be told. If I had before me an audience of doctors, there are a good many things I could tell them. One of them would be that when you wish to convey information, it is a good thing to do it in language that the person whom you are addressing will understand. In giving evidence in a court, the language should be such as an ordinary judge or a more ordinary jury will understand.

Sometimes persons who are called to give evidence greatly fear the cross-examination. My experience has been that the person who is in court to tell the truth and the whole truth seldom suffers very much from cross-examination. If you are telling the truth, some lawyer may shout at you or try to put you in the wrong, but in the end, as a rule, he will do himself more harm than he will you.

Criminal Law

Of all law, that of which you need know least is the criminal law. Ignor-

ance is said to be no excuse. Yet most people are ignorant of the law, and get into no serious trouble. The reason, I have suggested—the law is founded on justice and right, and we have sufficient knowledge of what is right to avoid breaking the law. There is only one warning that I might usefully give you, and that is this: No one can authorize you to do wrong or to break the law. I have known cases where nurses have got into nasty jams because they have done what they were told. No doctor's order will justify you in doing wrong, or protect you if you do. One who assists in wrongdoing, even in a minor capacity, is guilty in the eyes of the law. I have known cases where nurses have escaped because others have been more guilty, and nobody has bothered about the nurse. But they have not always escaped. Sometimes they have been made the scapegoat. If you are asked to assist in anything that has the suspicion of being wrong, it is the part of discretion and also of courage to say "No" and to say "No" very resolutely.

Wills

I have asked several people what branch of the law you might be interested in. They have all commenced by saying, "Tell them something about wills." I shall try to tell you a little about wills.

Everyone who has anything to leave behind or is likely to have anything to leave behind, should make a will. In the absence of a will, property of a dead person is distributed according to general rules of law. These general rules frequently result in a distribution which is not best, or at any rate, is not what the deceased person would have wished. Anyone can control the distribution of his property after his death by making a will. Further, even if the property goes by general law where the deceased person would have liked, the absence of a will makes trouble. The executor of a will needs no bondsmen. To administer an estate where there has been no will, bonds must be got from friends or companies for the faithful administration of the estate. This means trouble and expense.

The time to make a will is when in good health. Sick people are seldom normal. Frequently the perspective is thrown out. Sometimes a relative who is in attendance for the time being is the only person in the world. Others who have served all their lives are overlooked. Sometimes the reverse is the case, and the relative who is working her head off to help the sick person is looked upon as a kind of nuisance, and valued very lightly as compared with the dear one at a distance who simply sends flowers. Sick people may be so abnormal as to be incapable of making a will. Every lawyer has had experiences where he has had doubts as to whether a will should be made or not.

If a will is to be made, it is a good thing to let a lawyer do it, if one is available. We lawyers can make enough mistakes. There is a saying that lawyers live on those who make their own wills. In making a will, all that is necessary is for the testator to say what he wants to say, but as Harry Lauder would remark, "That takes a bit of doing." Lawyers have had more experience than the person who makes no will other than his own.

When a will is drawn, it is desirable not only to dispose of the property but to name one or more executors.

A will must be signed by the testator and must be witnessed by two persons. The most important thing to remember in connection with a will is this—that the person making a will and the two witnesses must all sign, and they must all sign at the same time. A cross made for a signature is quite as effective as the written name. The only difficulty arises from the necessity of proving

that the cross was intended for a signature.

Anyone may witness a will, but there are certain persons who should not act as witnesses. These are the persons who under the will take some benefit. If a person named in a will to receive something acts as a witness, the will is good as to everything except the legacy to that person. This will be lost. The same thing applies where the husband or the wife of a person named in the will acts as a witness. Anyone who hopes to get anything under a will should not act as a witness, and should see that his wife or her husband does not act as a witness.

I always give this advice to my clients: "Make your will as if you were going to die tomorrow — but don't die. When conditions change, make a new will." There should be a general stock-taking of wills at least every five years. Any will can be revoked at any time by another will, and should be changed as circumstances change.

Notes

One lady whom I asked what to talk to you about suggested that I tell you about promissory notes. I suspect that she has had some sad experience. The only law about notes that you need to know is that if you sign your name on one, either on the front or the back, you are liable to pay it. I would not advise you never to endorse a note, although that might be good advice. I will say this: never sign a note unless you are prepared to pay it.

Deferred Payments

I have also been urged to say something about the modern system of buying on the instalment plan. Nowadays you can buy almost anything on the deferred payment plan — a motor car, books, a fur coat. All I can say is, do this if you wish, but first read what you sign when you get anything in this way. You will generally find two things. First, that you have agreed to pay. You cannot get rid of this by sending the thing back. You will be made to pay if there is a way of doing so. Second, you have agreed usually that the thing is to belong to the merchant who sells it until it is paid for in full. A good many people are riding or walking around in things that belong to someone else. If they cannot pay for them someone else may come and take the thing from under them or off them.

Contract of Service

Your professional employment is governed by the law of contract. When you enter a training school you contract or agree to render services such as may reasonably be expected from an intelligent young woman with no previous training, and the school authorities agree in exchange to teach you.

After you graduate and go to work you will enter into a contract or series of contracts. You will agree to render services. Others will agree to pay you for these services.

First as to others—I think the most important thing for you to remember is that it takes two to make a bargain. You should always try to make sure that there is some other party to the contract, and that that other party is someone who can pay. If your patient is able to pay, as a general rule you need not have much worry because a contract will be implied even when not expressly made. But if you have to look to someone else for payment, it is always well, tactfully and discreetly, to see that you have a definite agreement about your engagement. For example, you are called upon to nurse an old lady who is living with her son, and who is likely to die. If she dies the son will not be liable unless in some way he has agreed to pay you for your services. It will not be very satisfactory to send in a bill to the old lady's estate if she has no estate.

To make an expressed bargain about your services is not always easy, and sometimes you must take a chance, but the necessity for a contract is something that you should always have in your mind. Work for nothing if you will and must, but where people can afford to pay, do not let them take advantage of you.

Your employers are bound to pay what they agree to pay, or if there is no expressed amount agreed upon, then what is fair and reasonable. The tariff for nursing services is pretty well established. Nevertheless it is often good business to have an expressed understanding as to what your fee will be.

Services Rendered

In return for your pay you will render services. So far as the law is concerned, a graduate nurse will be bound to render such services as may be expected from a capable and trained nurse. If you fail in this, you will commit a breach of contract, and not have the right to collect your fees. You may even make yourself liable to pay damages.

About the minimum the law requires from a nurse I can say very little. The law says you must always exercise reasonable care. In some cases the courts have held that there was an absence of reasonable care where sponges, hypodermic needles, drainage tubes, bits of dressing or other similar articles have been allowed to remain in parts of the human anatomy where they should not have been left. It has also been decided that there was negligence where human tissue has been destroyed by hot water bottles that have been too hot or have been misplaced. The administration of oxalic acid instead of epsom salts has not been looked upon with judicial favour. In fact, sometimes where there has been carelessness, someone has been ordered to pay large sums of money by way of damages. Usually the hospitals or the surgeons have been those who have been pursued. Seldom have nurses been sued, but that has been largely because nurses in the past were not financially so strong as they are now, and were not worth suing. But there is no reason why a careless nurse may not be sued. The fact that some institution or some surgeon may be liable for her negligence will not excuse the nurse. She is liable for the results of her own negligence.

The law demands reasonable efficiency and reasonable care. But as I have said the minimum required by the law will not trouble you. The nurse who does not give more than the minimum required by the law would not be a worthy graduate of any hospital. I wish I could suggest the maximum this hospital requires of you. The law demands technical skill. The Civic Hospital demands much more. I do not know whether or not you have read the Life of Sir William Osler. If not you will read it sometime and will learn much. He was asked what particular virtues were needed by a nurse. He said they were seven—"the mystic seven—tact, tidiness, taciturnity, sympathy, gentleness, cheerfulness, all linked together with charity." I suppose anyone who possessed all these virtues would not only be a perfect nurse but a perfect woman.

My observation of nurses would lead me to emphasize some of the virtues named by Dr. Osler, particularly cheerfulness. Of Dr. Osler himself someone once said that his treatment in his medical wards consisted of hope and *nux vomica*. I have seen nurses who entered a sick room as though they were the advance agents of the undertaker. I have seen others who brought with them such an atmosphere of hope and confidence that the patient felt better the moment they entered the room.

Osler speaks of taciturnity. That means the ability to hold your tongue. I could tell you much of slander and

libel, which are the legal terms for indiscreet and reckless talk and writing, but there is no need to use legal terms. All is said when you are told to learn to keep your mouth shut. If you do that, you will not only avoid legal difficulties, but much other troubles.

I have heard it said that the besetting sin of nurses is gossip. I do not know whether this is true or not. If it be true, I think I know why. It is because many nurses have nothing else to talk about but their professional experiences. It used to be said that of the educated classes, the doctors had the least general education and the least culture. In the old days, they studied medicine intensively and exclusively for three or four years, and when they graduated they knew nothing but medicine. That has been changed as to doctors. I am afraid the education of nurses is still very narrow. In your work you get an education that is much more far-reaching than you realize, much beyond mere nursing: "to keep your head when all about you are losing theirs in blaming you," self-possession, poise, something very valuable. But you are given little help with literature and some of the other things which make life finer and larger. Some day this may be remedied. In the meantime, help yourselves in whatever little way you can. I realize that you have little leisure and when you have leisure you are often very tired, but try to have a good book under way, even if you read slowly. Try to keep in touch with what is going on in the world. Remember, when you go into a home, those in that home will expect not merely a person with a certain technical skill demanded by the law, but a lady of culture whom it will be a real pleasure to have in the house.

Now I fear I have not told you much of the law, but perhaps I have at least brought assurance that if you are good nurses and good women, and strive always to do what is right and noble, you will have no need to fear the law, or even to know much about it.

Note—This address was given before the pupil nurses of the School of Nursing of the Ottawa Civic Hospital by Mr. Fisher, three weeks before his death, of pneumonia, in December.

In the passing of Mr. Fisher the nurses of the Ottawa Civic Hospital have lost a good friend. It was very largely due to his efforts, while Mayor of the City of Ottawa, that construction of the Civic Hospital was undertaken, and since its opening in 1924, as a trustee of the institution, he has ever shown himself sympathetic with, and understanding of, the needs and problems of the nurses.

Mr. Fisher was known and loved by the community at large. The whole city mourns his untimely going. But it may be safely said that to no group of the community is the sense of loss more poignant than that at the Civic Hospital, among those who worked closely with him and appreciated something of his hopes and aspirations for the institution which remains his true memorial.

Nurses' Circulating Library

When the Massachusetts-Halifax Health Commission ceased to function, its library was donated to Dalhousie University. This material has since been available to local nurses in a comfortable reading room at the Dalhousie Public Health Clinic. Arrangements have been made this autumn by the Registered Nurses' Association of Nova Scotia to lend this library material to its members in the province, and the lending rules with a list of the available books is to be sent to these nurses each year.

The financing of the circulation of this library and the purchase of books annually are to be undertaken by the Registered Nurses' Association of Nova Scotia, and Dalhousie University has very generously given the services of a member of their clinic staff for librarian service for a two-hour period each week.

Many nurses have already expressed a keen desire to make use of this library, and we are convinced that this much desired if belated opportunity will be greatly appreciated.

Notes on the International Council of Nurses

I

There are at present in existence more than 400 international organizations, more than sixty having their headquarters in Geneva. (In the latest Handbook of International Organizations published by the League of Nations in 1927 the number is given as 399.) These organizations are grouped under agriculture, trade and industry; communications and transport; labour; medicine and hygiene; economics and finance; law and administration; arts and sciences; humanitarianism, religion, morals and education; sport and travel; feminism; international languages; bibliography and documentation; disarmament; miscellaneous.

The International Council of Nurses is the oldest of all international associations for professional workers, having been founded in 1899. Examples of other international organizations and the dates of their foundation are as follows: International Dental Federation, 1900; International Society of Surgeons, 1902; International Association of School Doctors, 1910; International Pharmaceutical Federation, 1912; International Association of Midwives, 1925; International Professional Medical Association, 1926.

Among the professional associations for women, the International Council of Nurses is by far the largest in the world, having a membership of 132,000 (among whom are included only some hundreds of male nurses).

An idea of how completely the work of the International Council of Nurses covers the world may be obtained from the following information:—

a. There are 19 affiliated national associations:

The American Nurses Association	70,000
The National Council of Nurses of Great Britain	30,000
The Canadian Nurses Association	10,000
The Danish Council of Nurses	7,300
The Nurses' Association of Germany	3,550
The Norwegian Nurses' Association	1,700
The New Zealand Trained Nurses' Association	1,600
The Nurses' Association of China	1,400
The National Association of Trained Nurses of France	1,100
The South African Trained Nurses' Association	900
The National Federation of Belgian Nurses	900
The Nurses' Association of Finland	850
Nosokomos, Holland	700
The Trained Nurses' Association of India	500
The National Association of Nurses of Cuba	500
The National Council of Polish Professional Nurses	450
The National Council of Trained Nurses of the Irish Free State	400
The Bulgarian Nurses' Association	100
Total	131,950

(Italian Association reorganizing.)

b. There are 11 countries in which the Council has Associate National Representatives, i.e.: Czechoslovakia, Esthonia, Greece, Iceland, Japan, Jugoslavia, Korea, Latvia, Sweden, Switzerland, Turkey.

c. The International Council of Nurses has correspondence with nurses, organizations and governments in 28 additional countries. (Total 58 countries.)

II

In 1893 when Mrs. Bedford Fenwick, as delegate from the Royal British Nurses' Association (founded in 1887), attended the Congress of Representative Women in Chicago she was entrusted by the Founder of the International Council of Women with the carrying of an invitation to British women to take part in the Council's organization.

When the International Council of Women met in London in 1899, a group of British nurses, stimulated by Mrs. Fenwick and other leaders, requested space in the programme for a nursing sub-section. Following the meeting of this sub-section, at which a number of foreign nurses representing ten nations were present, it was proposed that an International Council of Nurses be organized. This proposal was accepted unanimously, and the Constitution adopted in 1900. Mrs. Fenwick was president of the Council from 1899-1904; Miss Lavinia L. Dock (U.S.A.) acted as secretary from 1899-1922; Miss Mary Agnew Snively (Superintendent of Nurses, Toronto General Hospital and Founder of the Canadian Nurses Association) was treasurer from 1899-1904, and was succeeded by Miss Margaret Bray (Great Britain), who acted in that capacity until 1925.

The present officers of the Council are:—President, Miss Nina M. Gage, China; first vice-president, Miss Clara D. Noyes, U.S.A.; second vice-president, Miss Jean I. Gunn, Canada; treasurer, Miss E. M. Musson, Great Britain; and secretary, Miss Christiane Reimann.

Congresses, Conferences and Meetings of the Council

Buffalo	1901	Congress.
Berlin	1904	Congress and First Regular Meeting of the Grand Council.
Paris	1907	Conference.
London	1909	Congress and Second Regular Meeting of the Grand Council.
Cologne	1912	Congress and Third Regular Meeting of the Grand Council.
Copenhagen	1923	Meeting of the Executive Committee.
Helsingfors	1925	Congress and Fifth Regular Meeting of the Grand Council.
Geneva	1927	Conference and Meeting of the Board of Directors.
Montreal	1929	Congress and Sixth Regular Meeting of the Grand Council.

In Berlin, 1904, the membership of the Council consisted of the three founder organizations, those of Great Britain, United States of America, and Germany.

In London, 1909, the national associations of Canada, Denmark, Finland and Holland were affiliated.

In Cologne, 1912, the national associations of India and New Zealand were affiliated.

In Copenhagen, 1922, the national associations of Belgium, China, Italy, Norway and South Africa were affiliated.

In Helsingfors, 1925, the national associations of Bulgaria, Cuba, France, Irish Free State and Poland were affiliated.

The last Congress of the International Council of Nurses, held in Helsingfors, 1925, was attended by 1,100 nurses from 33 countries. The Conference held in Geneva in 1927 was the first meeting of the Council where the French and German languages were put on an equal basis with English. This meeting was attended by 700 nurses from 34 countries.

Practically all the distinguished women of the nursing world have taken part in the international meetings of the Council. Such nurses as Edith Cavell, Isla Stewart, Isabel Hampton-Robb, Baroness Mannerheim and Agnes Karll—not to mention all the prominent living members in the different countries—have been the source of inspiration to nurses from all five continents. It is impossible to tell how much the professional discussions at the meetings of the Council have influenced the standards of nursing legislation, administration of nursing organizations, institutional management, introduction of preliminary courses for probationers, etc., in the various countries.

III

The Governing Board of the International Council, the Grand Council, is composed of (i) the members of the Board of Directors of the Council; (ii) four delegates from each of the nineteen affiliated coun-

tries; and (iii) one "associate national representative" from each of the eleven additional countries where the Council has such representation. The Grand Council meets regularly at each quadrennial Congress, but can be called together at other times if required.

The business in the intervals between meetings of the Grand Council is dealt with by the Board of Directors, which is composed of (i) the honorary presidents of the Council (Mrs. Bedford Fenwick, Mrs. Tscherning, Miss Annie W. Goodrich); (ii) the elected officers (president, first and second vice-presidents, treasurer and secretary); and (iii) the presidents of the affiliated national organizations.

The Council has, at present, 13 Standing Committees, on which the countries are represented as follows:

1. Education	30 countries
2. Public Health Nursing	30 countries
3. Private Duty Nursing	23 countries
4. Mental Nursing and Mental Hygiene	countries
5. Membership	3 countries
6. Programme	2 countries
7. Arrangements	1 country
8. Publications	5 countries
9. Nominations	3 countries
10. Revision of Constitution and By-laws	3 countries
11. Finance	3 countries
12. Florence Nightingale Memorial	5 countries
13. Study of Publications and Management of the I.C.N.	3 countries

The expenses incurred by the work of the Council—not including those connected with its Congresses and Conferences, for which the hostess association is responsible—are met by dues, each affiliated member organization paying yearly five American cents per capita of its active membership.

The Headquarters of the Council was established in Geneva, October 1st, 1925. It is situated in spacious quarters on the border of the Lake of Geneva, and its present staff, in addition to the secretary of the Council, consists of two assistant secretaries.

The work of the Headquarters—the object of which should be to create public opinion as well as to be of assistance to official and private organizations and to individual nurses—is as follows:—

1. Secretarial work in connection with the Board of Directors and the Standing Committees.
2. Information Service: the Council is approached by a great number of organizations—international and national, official and non-official—as well as by individuals. The total number of individual letters per month now amounts to about 400. This correspondence is carried on in ten languages.
3. Work in connection with Congresses and Conferences of the International Council and with exhibitions of various national and international associations, and attendance at meetings of other organizations.
4. Advice and assistance in procuring situations or opportunities for post-graduate study for trained nurses in other countries than their own. Within the last year Headquarters has thus assisted about 100 nurses of eight nationalities.
5. With regard to publications, Headquarters has hitherto, on account of the smallness of its staff, had to limit itself to its quarterly magazine, "The I.C.N.," which was started in 1926 (January), and to reports of its Congresses and Conferences. The last report was published in three languages and there are articles in three languages in the magazine. It is intended to issue different publications, the material for which has been largely collected already, as occasion arises.
6. Efforts are made to collect at Headquarters a good international nursing library. As regards current nursing literature the efforts must already be considered, to some extent, successful, as complete collections are found there of most of the 53 nursing magazines of a national scope—from their beginning and including all issues of recent years. In addition, there are about 50 magazines of special interest to nurses, such as publications for social workers, on hospital administration, etc.

   Of nursing text and reference books there is a collection of about 500. The number of languages represented in the material found in the library is sixteen.

   Photographs and pictures of prominent nurses and of nurses' meetings are also collected.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

The Training of a Public Health Nurse

By EDITH KATHLEEN RUSSELL, B.A.,
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It is both desirable and necessary that the subject of the training of public health nurses should be freely discussed, but the task presents difficulties that make us hesitate long in the effort, and in this particular instance I find my pen so peculiarly reluctant that s o m e explanation thereof must first be given. It is quite evident that some of the difficulties are inherent in the subject, and one of the chief is a lack of terminology that has general sanction. Such being the case, both the written and the spoken word are bound to create confusion whenever and wherever discussion is attempted. The very terms "public health nurse" and "public health nursing" are clumsy and confusing and lack precision of meaning, a very good indication of the diversity of concept underlying the spoken symbol. The difficulty thus suggested is increased by the fact that the readers of this paper represent many countries and therefore a wide variety of experience and practice. Recognizing that there is little common understanding upon this subject in any one country, it is evident that there will be much difficulty in attempting to generalize for such a wide-spread discussion. I shall merely remind my readers that, as I am writing from Canada and am in a position to speak authoritatively of Canadian procedure only, the latter must necessarily colour the argument here set forth.

In order to discuss the training offered for any type of work, it is desirable first to have a full knowledge of the work for which this training is to serve as preparation. Therefore the logical introduction to this subject should consist of a description of public health nursing. The attempt to give such a description leads at once to the very heart of our problem, for it reveals the fact that this work, so vaguely described as public health nursing, is very varied. As the work of one country after another is reviewed, the bewildering fact emerges that no less than five distinct occupations are being considered in this connection, viz., bedside nursing, school nursing, midwifery, social work and health visiting (i.e. tuberculosis, child hygiene work, etc.) It is a far cry from the backblock nurse of New Zealand to the fursorgerin of Austria, and in between lie all the varieties of visiting nurse, health visitor, visiteuse d'hygiene, sestra pomocnina, etc., and all are meant to be included in this term "public health nursing." No wonder that we are puzzled in trying to give a description of the work. It will be well if the wise women of the profession will realize that all these pieces of work may be desirable, but that some are irreconcilable, and that compromise is necessary. It is also the part of wisdom to see that each country must work out the procedure that seems best suited to its needs and traditions and that extensive standardization is neither possible nor desirable.

Existing Courses

So much for the character of the work. Can we place beside that a general description of training

courses as they now exist? Here again there is much variety but, in spite of the variety, it is quite easy to pick out two predominant types of preparation. One method prepares first a hospital nurse, and then adds to the hospital nurse's equipment a hurried study of health work, begun and concluded within a period of one academic year. The other method makes a direct and continuous preparation of a public health nurse throughout a two-year (no longer) course, including in that preparation such hospital experience as is deemed of fitting proportion, both to the whole length of the training and to its main purpose. These two main tendencies in the method of training have more than passing interest because each one bears a relation, not primarily to the type of work for which the public health nurse is preparing, but rather to the nursing history of the country wherein it is found. The English-speaking countries with the older tradition in hospital nursing schools were bound to approach this preparation of the public health nurse by the circuitous route of the one-year, post-graduate course for hospital nurses; other countries, that had no system of nursing schools at the time when the demand for the training of public health nurses was first felt, were strangely enough in the much happier position of being able to meet this demand in a more direct and logical fashion. An interesting illustration of this point is found in the methods of public health nurse training now being conducted in a few French schools and other European countries which might also be cited in illustration of the same procedure.

The introduction to this discussion has covered, so far, two matters. The one is a recognition of the great variety of work for which public health nurses are preparing. The second is that training courses the world over, while displaying much variety of detail, can nevertheless, be classified into two groups, the one offering an indirect method of preparation, and the other a direct method; that the indirect method of preparation is still the more popular of the two, and that this might be hard to understand were we not able to offer an historical apology for such procedure.

Turning back to the varied content of public health nursing, we find the most acute problem therein today is the question of whether this work is to include or exclude bedside nursing, and all development of training courses will be conditioned by the answer to this question. And yet who can answer it? For that we should need a new Solomon to sit in judgment. With all the diversity of opinion and practice there is, however, a strong tendency to combine the organized health activities of the public health nurse with some form of bedside nursing service. This tendency gives us cause to think that perhaps some day, after the present emergency needs have been met, the whole problem will be re-shaped. It is possible that the official field of public health work may reorganize itself with regard to the nursing service and that, consequently, the health visitor type of public health nurse may tend to disappear. When the happy day arrives in which the school teachers of the community are doing their work with adequate preparation for the task of health protection and health education, then the particular problem of school nursing may become much more simple and, if so, the combination of organized health work with bedside nursing will not present the insuperable obstacles that appear today.

Bedside Nursing

But to return to the present. Even today there is sufficient bedside nursing in the public health nurse's occupation to make it evident that training for public health nursing must include a thoroughly sound

preparation for bedside nursing. Note the demand that the training shall be good, for most emphatically is it agreed that there is no place in such work as this for poor craftsmanship. But having made this claim for good training in bedside nursing, I want to be equally emphatic in stating that such training need not, and should not, be given as preparation for hospital nursing. However, it is apparent that it will have to be given in a hospital, and the demand for this type of bedside training, in such exclusive terms, will indeed raise difficult problems for the hospital schools. I shall return to this thought later.

Having granted the need for a training (of some, as yet, undefined nature) in bedside nursing, we turn to the second and equally important aspect of our pupil's preparation, and that is a study of health, its conditions and requirements. Some at least of the studies thus indicated can be grouped under three headings, viz., 1. Physiological, fundamental to a scientific understanding of public health work; 2. Psychological, mental hygiene being so essentially and inextricably a condition of health; 3. Preventive, the specific contributions of bacteriology and immunology having made possible some of the chief triumphs of modern public health work. In the description of this aspect of the public health student's programme I wish to be brief. The outline is clearly indicated for us, but the detail must vary greatly, and no purpose could be served by discussing detail in a paper such as this. Thus we have noted the two chief elements of the preparation needed by our public health nurse. Let me repeat them. One is the training for bedside nursing and the other is a study of the science of health. There will be other aspects of the training, but these two are fundamental and this discussion can go no further afield.

Arrangement of Programme

The next question concerns the order of arrangement and relative demands in time of these two parts. My chief argument is that they should constitute one indivisible whole. Every economic, as well as every psychological reason, reinforces this demand. I should like to make firm insistence upon the necessary unity or integrity of this training by listing the following demands for it:

1. The course should start with a foundation which has but one purpose, i.e. it must be fundamental to public health work.

2. Each and every part should be added on as a preparation for public health work.

3. The whole should be maintained as a unit of studies and training in preparation for health work.

4. The appropriate attitudes required in the public health nurse should be taught consistently and persistently throughout.

5. At no point should the training digress from the preparation of a public health nurse.

All this would seem absurd repetition to the uninitiated, but to those who are informed, the repetition has meaning. Thus I have made my plea for a school in which the public health nurse may obtain an adequate training given as one whole. This plea is really the burden of my paper. The present one-year courses are trying to teach public health work in a few brief months to a group of students who have received no scientific foundation for an understanding of that work. The whole procedure is unsound and not to be tolerated longer than necessary. It is most unfair to the student who spends four years (three in hospital and one in the public health school) at her preparation and finds at the end of that time that she has no adequate foundation upon which to build knowledge, and, saddest of

all, finds (usually) that it is too late to turn back and obtain that foundation work.

As no discussion of the public health nursing course is allowed to ignore the enticing question of practice or, as it is commonly called, field work, I must not omit it altogether. But I can merely give passing reference to it while keeping within the limits set for this paper. The relative claims of theory and practice provide a subject for much debate, some of which is none too intelligent or intelligible. There seems to be some idea that a training course may, if made sufficiently practical, take the place in educative effect of a first year (or even many years!) of experience with a public health organization. Surely this is a wrong objective: training courses are meant to prepare for such experience, not to take the place of it. Field work is necessary and may be valuable, but no good purpose will be served by making absurd claims for it. The truth of the matter is that the whole question of the place of field work in the curriculum must depend upon one's attitude toward public health nursing and the type of worker wanted for it. Is it a technician who is wanted to perform mechanically certain routine procedures? If so, train her quickly by practice work. But if any understanding be wanted, and a scientific preparation, then experience and practice work must stand aside until time is given to lay this desired foundation. It cannot be done hurriedly.

The new four-year course (so-called), which was started last year in Toronto, is the expression of one effort to decide upon the full training needed by a public health nurse and to make that training available as one complete whole. In this experiment we could not hope to sweep away abruptly all previous tradition and custom, nor were we able to command sufficient equipment and personnel to create an entirely new school. So we have, in the course, some work that is a concession to custom or to necessity and admittedly not placed there in the best interests of the pupil. The outline of the course is as follows: The first year is spent in the university at the study, with at least some brief degree of thoroughness, of certain foundation work in science. The second and third years (26 months exactly) are spent in the School of Nursing of the Toronto General Hospital, following the required training (with certain special arrangements) for that School's diploma in hospital nursing. The fourth year is spent at the university in a study of organized public health nursing. Thus it appears that in reality we have no four-year course, but rather two courses, each two years in length, and each given in a different institution. All that holds the two together is an agreement, which makes each of these two-year courses dependent the one upon the other. As far as possible the four years have been planned consecutively, but we cannot pretend that they form one whole. For the fact that it has been possible to start this new course we are indebted to the co-operation of the School of Nursing of the Toronto General Hospital, and particularly to the sympathetic understanding of the director of the school. That school has had to break through tradition, short but already powerful, and permit an alteration in the usual arrangement of time and content for the curriculum of these pupils. We have probably no right to ask more until we are very sure of the direction in which we must move. There is no university degree offered in connection with this course.

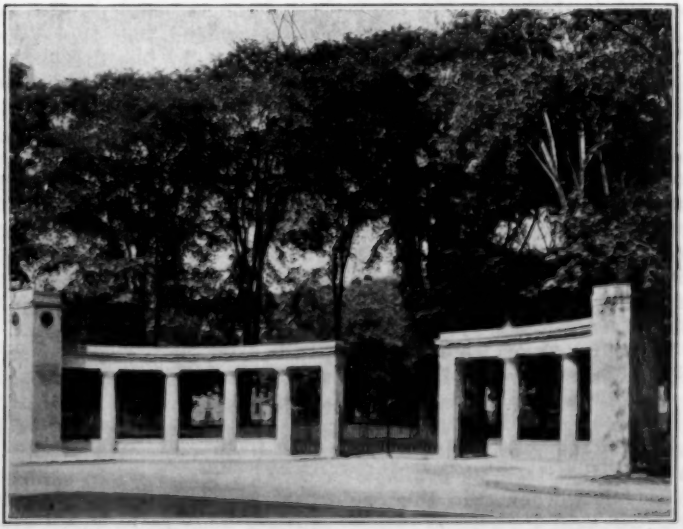
The matter of public health training will have to be faced seriously if we are reasonably sure that public health nursing is an occupation that will continue in some form in the

future and is one for which a fairly large group of workers is going to be needed. In time this will mean a serious problem for those countries that have the older tradition in hospital schools. With all the present difficulties pertaining to the preparation of a hospital nurse, they must face the demands that will thus come upon them to lend themselves, or rather their wards, for such hospital experience and teaching as may be needed by this person, i.e. the public health nurse in training. We hesitate to make any such demands upon the hospital schools before we have a very definite sense of the direction in which we should move.

Some critics may object to the discussion here set forth as savouring all of a narrow utilitarian or vocational attitude. Claims are made that certain so-called cultural subjects shall be added to the curriculum in order that the full personality (sic) of the student may be developed. It is hard to deal with such aspects of the question in the few brief words still permitted me. Is it possible, though, to contend seriously that there need be any lack of cultural opportunity for the pupil who is pursuing the studies that have been indicated above? It is true that schools may or may not do much for their pupils in helping them to cultivate the finer things of the mind and spirit. But such things, if accomplished, are of the very essence of the school and are too intangible to appear upon a curriculum. In the description here given of a desirable training for public health nurses, we are assuming the existence of a school that is worthy of its name and opportunity.

(The World's Health, October, 1928.)

Correction: We have been informed that "Development of Study Habits in the Student Group," as published in the December, 1928, issue, was written by Miss Ethel Sharpe, Royal Victoria Hospital, Montreal, instead of by Miss Elsie Allder.



—Courtesy of Canadian National Railways.

THE RODDICK MEMORIAL GATE
Entrance to McGill University, Montreal

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss THERESA O'ROURKE, 733 Arlington St., Winnipeg, Man.

The Nursing of the Mentally Sick

By CLAUDIA M. FLEMING, Superintendent of Nurses, Nova Scotia Hospital, Dartmouth, N.S.

Mental diseases come under four classifications, i.e.:

1. ORGANIC GROUP: Diseases due to actual changes in the structure of the brain, changes which interfere with the function of the brain and produce a derangement of its normal action. Under this group come the senile psychoses, general paralysis, psychoses with cerebral syphilis, psychoses with brain tumor.
2. TOXIC GROUP: Mental diseases caused by toxins or poisons:
   (a) Intoxication psychoses due to alcohol and drugs.
   (b) Autotoxic psychoses.
3. SOMATIC GROUP:
   (a) Infective psychoses — caused by the toxins produced by the micro-organisms of the infectious diseases.
   (b) Exhaustive psychoses — brought about by severe and prolonged illness.
4. CONSTITUTIONAL GROUP: Functional diseases in which there are various symptoms of mental derangement, without any change in the structure of the nervous system to explain them. This group includes the manic-depressive psychoses, involution melancholia, dementia praecox, paranoia, epilepsy.

Infective-Exhaustive Psychoses

The infective-exhaustive psychoses may develop in any patient ill with typhoid fever, pneumonia, scarlet fever, puerperal fever, malaria, or influenza. As in all fever cases, the mouth and lips are very dry and the tongue coated. Sordes collect on the teeth, and the breath is foul. These conditions, if permitted to exist, give rise to hallucinations of taste and smell, which make the patient refuse food. The mouth should be cleansed thoroughly and regularly, the teeth brushed, and the tongue cleaned. Lime juice, ice-cold, is a splendid mouth wash, while many of the antiseptic mouth washes are apt to damage the stomach if swallowed by the delirious patient. The lime juice does no damage and will prevent the condition of dehydration which so frequently accompanies fever cases.

Fluids are most beneficial; the toxins are diluted and the kidneys are not so likely to be damaged. Sometimes much persistent effort is required to get the patient to take the quantity of food and liquids required. Sometimes food is refused vigorously; it may be because the stomach is already filled with toxic material or the intestines impacted with faeces. The nurse should exhaust all means before reporting to the physician that she cannot get the patient to eat. To resort to feeding with stomach or nasal tube is to acknowledge weakness. The bowels must operate daily, if possible naturally, but it frequently happens that one or more enemas are required during the 24 hours. The fact that the patient's bed is often wet is no indication that the bladder may not be distended. The lower portions of the abdomen must be carefully watched.

The skin, which may be dry and hot, should be bathed and rubbed with alcohol daily. If the patient is very restless, bandage his knees, feet, elbows and hands to prevent bruises. The hot pack will promote rest and sleep. The use of normal saline, either subcutaneously or intravenously, is sometimes beneficial. If the patient's condition permits, which is seldom the case, a prolonged warm bath may be ordered. Do not allow the temperature of the water to go above 100 degrees F. If the patient shows any signs of collapse,

remove him to the bed, elevate his feet, and summon medical aid. Watch carefully that the patient does himself no injury.

The foregoing type of nursing is that which the general nurse is most often called upon to perform.

Other types of mental disease with which the nurse should be able to deal are involution melancholia. epilepsy, and manic-depressive psychoses.

Involution Melancholia

This is a form of mental disease which occurs after middle life, and is characterized by an anxious depression. developing slowly and pursuing a prolonged course. The patient is irritable, anxious, fearful, often sad, and has delusions of persecution, misfortune, and self-accusation for some sin committed many years before, for which punishment must be endured. The patient may be restless and agitated, move about uneasily, pick and rub the face, or he may be mute and inactive. Most melancholic patients are suicidal.

The nursing procedure is rest in bed with a liberal diet. Food is often refused because of delusions, and there may be great difficulty in inducing the patient to eat. Endeavour to learn why the food is refused. If it is because the patient believes the food to be poisoned, let him see you taste it. Or you may serve boiled eggs, allowing the patient to break the shells. Sometimes when food is refused the patient claims that his stomach and bowels are paralyzed, for which delusion there may be a basis. The patient may suffer from chronic constipation, giving rise to unnatural sensations and causing him to labour under a false belief. Such a condition may be relieved by proper care of the bowels and a copious use of fluids where possible.

If the patient is confined to bed, the skin must be kept free from bed sores. When suicidal tendencies are present careful watch must be maintained. Remove from the room all articles which might be used for self-destruction. The windows should be guarded or stops placed so that the window will open only a short distance. Open fireplaces should not be used. The patient must not be permitted to go to the bath room alone, as he may drown himself in the tub. The nurse should try to interest the patient in himself and to direct his thought and conversation along normal channels.

Epilepsy

This disease is characterized by attacks of sudden disturbance of consciousness, with or without convulsions, and tends to mental deterioration.

The symptoms may be mild or severe. In the mild form, or petit mal. there may be a feeling of dizziness and temporary loss of consciousness, with or without muscular spasm, or there may be slight muscular twitching, with very slight momentary loss of consciousness, after which the patient proceeds with whatever he has been doing.

Grand mal is the type usually seen in hospitals. The convulsions are severe and unconsciousness is prolonged. The attacks are often preceded by an "aura" or warning. when the patient complains of unusual sensations, numbness. a peculiar taste, a bright light, etc., then cries out, and, losing consciousness, falls heavily, "as if shot". This disease was at one time called the "falling sickness". Injuries are frequent, because the patient, in falling, makes no attempt to protect or save himself.

The tonic stage immediately begins: the whole body becomes rigid, the jaws are fixed, the eyes open and staring, or rolled backward, and the face becomes increasingly cyanosed, due to the loss of the respiratory movements. This stage lasts but a few seconds and is quickly followed by the clonic stage, marked by convulsive action of all the muscles, mild at first, then becoming violent, then less severe, and finally ceasing. The body then relaxes and the patient lies unconscious, breathing heavily, and often frothing at the mouth. During the convulsion, the tongue is bitten and urine and feces are passed involuntarily. On regaining consciousness there is muscular soreness, headache, and confusion, during which certain movements may be automotically performed. While in this state of bewilderment some patients become dangerous.

Status epilepticus is a condition in which the convulsions are almost continuous. One attack follows another with only short intervals between; consciousness is not regained; the temperature is high; the pulse and respirations are increased in rate, and exhaustion soon follows. Or the intervals between the attacks may lengthen, the convulsions become less severe, and recovery ensue. Status epilepticus may occur at any time during the course of the disease, although it usually proves terminal.

Instead of the convulsions there may be certain states which are known as the "equivalent". These may take the form of simple excitement, or of furor in which the patient becomes noisy, violent, destructive, even homicidal, and refuses food; or of dream states in which the patient is dazed, disoriented. and has hallucinations; or of ecstasy in which the patient is extremely happy, hearing beautiful music and seeing heavenly visions; or of automatic states in which the personality is different, and the patient has no memory of his former self, wanders away, engages in unfamiliar work, but lives and acts in such a manner as not to arouse suspicion that he is in an abnormal state.

In the intervals between attacks some epileptics are bright, good-natured, and able to carry on their regular work, but many others are irritable, egotistical, selfish, stubborn, abusive and quarrelsome, and frequently become angry upon slight provocation. The mental condition is gradually weakened, and sensation, perception, attention, and memory show impairment. Delusions and hallucinations may occur, but orientation is usually not disturbed.

In nursing epilepsy, carefully note the character of the aura and where the convulsions begin. Loosen the clothing about the neck and waist, so that the respiratory movements may be free. Place a cork, a padded mouth gag, or a clothes-pin between the teeth to protect the tongue from mutilation. If the attack begins while the patient is eating, try to remove the food from the mouth, and place the head as low as possible to prevent asphyxiation and choking. If the patient falls to the floor, make no attempt to move him, but straighten the body and place it in the position in which least injury can be done. Place pillows or folded blankets or garments under the head and arms, hold the jaw forward, wipe the mucus from the mouth and let the convulsion work itself out. When the muscular movements cease, put the patient in bed, change the clothing, bathe the face, swab the mouth with antiseptic solution, and apply an ice bag or cold compress to the head.

Establish regularity in the diet, which should be of simple, easily digested foods served in limited quantity, for these patients tend to over-eat, to crowd and push the food into the mouth until they choke. Sometimes when supervision is relaxed a large bolus of food is aspirated, with fatal consequences. Give meat sparingly and serve a light evening meal, for attacks are more frequent at night, and indiscretions in diet will often produce them. Regularity in bathing and elimination is important. Constipation is a common ailment and seems to contribute in causing attacks. Give water freely to drink, for this is a valuable aid in elimination. In status epilepticus sedatives are given per rectum, and the nurse may have to administer chloroform to lessen the severity of the convulsions, but this is never done without an order from the physician.

Manic-Depressive Psychoses

This disease is characterized by recurring attacks of acute emotional disturbance, elation or depression, without deterioration, and by recovery from the attack. The attacks are in one of four forms, manic (excited), depressed, mixed (comprised of both manic and depressed), and circular (characterized by a manic attack followed by a depressed attack.

With the manic attacks there is motor restlessness and general over-activity. The face is flushed, the eyes may be more or less injected, the mouth and lips dry, or the mouth may

be frothy from incessant talking; the skin feels hot and dry; the temperature may be slightly elevated and the pulse rate increased.

Emotionally the patient is happy and elated, and may be playful and mischievous, or combative and antagonistic. The patient's attention is easily distracted and his ideas are disconnected. He chatters incessantly. His conduct may be impulsive, violent, and destructive. The memory is not impaired, hallucinations are rare and fleeting, delusions few, and consciousness is clear except in great excitement, when there may be clouding and incoherence of speech.

Manic-depressive patients are kept in bed during the period of acute excitement, and are isolated in a room where quiet is possible and all sources of sense stimulation are reduced. Unnecessary furniture, pictures, and other articles should be removed and visitors excluded, except when authorized by the physician. Patients are so impressionable that the least sound, movement, or change is noticed and immediately calls forth some response. Special care should be given to the mouth, tongue and teeth, and the lips kept moist with glycerine or cold cream. The usual baths will relieve the dryness of the skin. The fingernails should be closely trimmed to prevent scratches. The diet should be generous, as in all cases of overactivity nourishment must be taken in sufficient quantity to make up the depletion. The patient is often too busy to eat, and to induce him to do so the nurse must use much perseverance. Utilize the factor of distractability by diverting his attention, and spoon-feed him. Avoid irritating the patient. Do not enter into discussions and do not answer him sharply or sarcastically. Avoid answering questions which would lead to discussions by diverting the attention to something else or by asking a question which demands an immediate answer. Control the activity by suggesting some other occupation, and give no peremptory commands to desist or to do, for these strengthen the determination to persist in the undesirable activity and make management much more difficult. Sharp answers, peremptory commands, discussions and conflicts frequently lead to violent attacks, for the power of inhibition is so diminished that the patient does the first thing that comes into mind without considering the consequences. Continuous baths and wet packs are usually prescribed by the physician to aid in reducing the excitement. Too often patients in a hospital receive the impression that the pack is a form of punishment. The nurse should do all in her power to banish this idea and to establish the correct one that it is a valuable measure of treatment which the physician alone prescribes. When continuous baths and packs have been used over a long period of time, the skin may become excoriated from the friction against the wet sheets and hammock, and measures must be taken to prevent this condition. Upon removing the patient from the pack, give a shower or sponge bath, dry the skin thoroughly, rub well with alcohol, and apply a dusting powder to any parts which are reddened. If there is evidence of rash or other unusual condition, the physician should be notified at once, as packs and baths may be contraindicated. Sleep is of the utmost importance, and the nurse should exhaust every means at her command to induce it. Only as a last resort should she make use of the drugs which have been conditionally prescribed. There is, perhaps, no surer test of good nursing than to be able to get one's patient comfortable and quiet without sedatives, and to sleep without hypnotics.

During the depressed attacks the skin looks dull and feels cold and moist; the hair is dry and the fingernails brittle; the temperature may be slightly subnormal; the pulse is slow; the tongue is coated, the appetite poor, and there may be anaemia and loss of weight, for in depression all the physical functions are lowered or diminished. The patient may complain of headache in the top of the head, a symptom which is always more severe in the early morning.

(Continued on page 98)

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
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Industrial Nursing

By K. S. PERRIN, Vancouver, B.C.

In attempting to outline my work with the British Columbia Telephone Company in the capacity of health supervisor, I am impressed with the knowledge that without the splendid co-operation, lively interest and ready sympathy and understanding of the company's officials, which my work has ever received, nothing or at best a very little could have been accomplished.

Due to the fact that telephone work is attended by no more hazards than one would expect to encounter in any large business office, there is small need for first aid service—the occasional foreign body to be removed from an eye; cuts, wounds or abrasions occurring outside of the office to be redressed; a sore throat to be painted—this about constitutes the sum total of the actual practical nursing. Home visiting of the sick has always been, and still is, done by the employees' advisor, so that in the appointing of a graduate nurse as health supervisor the company had in mind not so much the care of the sick as the prevention of sickness by the spreading of the gospel of positive health amongst its employees.

Conditions under which the operators, of whom there are 1,533, work are both pleasant and hygienic. The operating rooms are spacious and well ventilated; the working day of seven hours only is broken by means of 15 minutes' relief periods into shifts rarely reaching and never exceeding three hours. In addition to large, airy and attractively appointed rest rooms, where the girls congregate during lunch hour and rest periods to sew, read, play the piano or listen to the gramophone; where the newest dance steps are demonstrated and the latest fashion in dress displayed, there is in each of the larger offices a silence room provided with couches, cushions and rugs, where those so inclined may rest undisturbed.

Many of the girls board, batch or live so far distant from the office that they are unable to go home for their lunch. To facilitate their procuring hot, light and nourishing meals at a very nominal charge there have been installed in each of the larger exchanges very up-to-date cafeterias, which are operated without any idea of even making them self-supporting, as the company carries one-third of the cost of provisions and is quite satisfied if the cafeteria can clear the remaining two-thirds. In this way, very substantial meals may be had for such small sums as fifteen and twenty cents.

This department offers splendid opportunities in the line of promotion of good health. In arranging the daily menus, which I make as varied and attractive as possible, the use of the protective foods is encouraged by supplying salads, tomatoes, lettuce, fresh vegetables and dairy products, at the lowest possible price throughout the entire year. The consumption of salads in our largest cafeteria has jumped from six or nine daily to forty, sixty or ninety per day. Meats and pastries have, to a great extent, given place to sandwiches, salads, creamed vegetables and fish; bran muffins and milk. From records kept over a two-month period we found that, following the display of posters advising the drinking of milk, together with a reduction of one cent in the cost of a glass plus individual advice given many of the employees, the consumption of milk as a beverage increased sixty per cent.

We feel, and rightly enough, proud of the type of girl employed by the company. Ranging in age from seventeen to twenty-five years they, for the most part, have come direct from

high school where they have spent two, three and in some cases four years. Some leaving school earlier have been employed elsewhere. Here I might say that it is most unusual for a girl to resign for any reason other than to assume the responsibilities of married life. Married women are employed only as temporary or all-night operators. When a girl marries she resigns.

The applicants, following their acceptance by the employment chief, undergo a medical examination by the company's doctor, after which they receive a month's tuition before being taken on the staff. It is as students that I give them a health talk along the lines of hygienic living, stressing in particular the importance of daily exercise and good posture. I find, upon interviewing the older employees, that dysmenorrhea and constipation are very common ailments and the accompanying history is almost invariably one of having either immediately or gradually given up all physical activity upon taking up telephone work. I try to impress upon them the fact that these conditions, together with anaemia and lassitude, are largely avoidable, arising from either ignorance or carelessness. I emphasize the importance of health in the creating of beauty, efficiency and advancement in their work.

During her first month of employment each girl reports at my office. This interview I make as informal as possible, learning from the individual much concerning her family history, previous illnesses, mode of living and attitude toward her work. A record is made of this, together with her height, weight, chest expansion, posture, condition of throat and teeth; symptoms of eye strain or nervousness are particularly noted. By means of a card index file these records are available for future reference. Again at the completion of eleven and twenty-two months' service the girls return to me, when I compare their present condition with their past record. We are thus enabled to keep a close check upon those whom we consider as requiring special attention, and in many cases have had them see their own physician, thus preventing more serious developments with a greater loss of time.

Again, girls are sent to me by their immediate superiors for the following reasons:

(a) Irregularity of attendance, giving "ill health" as an excuse.
(b) Lack of progress or interest in work, with "ill health" as the given cause.
(c) Changes in appearance likely to have arisen from "ill health" or unhygienic habits of living.

Through the medium of a monthly magazine, published by the company for the benefit of the employees, I am able to reach those with whom I otherwise might never come in contact. I write a health article for each issue, emphasizing to the best of my ability the doctrine of prevention rather than cure. I point out the value of periodical medical examinations; the danger of patent medicines or any self-administered drugs; the value of a healthy, happy and fully occupied mind in the building of a healthy body.

Two years of positive health teaching affords too short a time for one to hope for any great results shown in the decrease of illness, but as time goes on if my teachings are to bear any fruit we should notice some sort of reduction in our list of absentees due to illness, and the absences should, on the whole, be of shorter duration. The fact that employees are sufficiently interested in their health to come voluntarily to be weighed and re-weighed if underweight; for advice in the prevention of or cure of colds; for the correction of improper elimination or painful menses, is in itself encouraging. The fact that there is a "trained nurse" to look after their health is, on the whole, greatly appreciated by the employees and to a still greater degree by their parents.

Book Reviews

NURSES, PATIENTS, AND POCKET-BOOKS

Further review of the book, "Nurses, Patients, and Pocketbooks," would seem a redundancy as well as almost an impertinence, since so many able reviews have already been published in American nursing and public health journals. It is only the fact that the subject matter is of such vital interest to Canadian nurses which justifies the space taken in our journal in the publication of an individual reaction to this book; and so important is the subject that it is to be hoped that not one but several Canadian nurses will write of their impressions upon studying its pages.

Before turning many pages, the questions most certainly occur: "Are conditions in nursing in the United States comparable to those in my country—Canada, France, England, or wherever my country may be; or are there in the United States a large proportion of what might be called 'commercial' hospitals—institutions owned by an individual or group of individuals which must be self-supporting and must presumably also make a financial return to their owners larger than in, for example, Canada, where there are very few hospitals owned by individuals and where a school of nursing in such a privately-owned institution is practically unknown? Is there, therefore, in the United States, in these privately-owned institutions, a greater danger of the exploitation of the student? Is there also in the United States less uniformity in the educational programmes of nursing schools?"

In order to properly evaluate the report, one should be familiar with the problems the committee is attempting to solve; we know it is not collecting facts and opinions in a haphazard manner. Such familiarity I cannot claim to any considerable extent. I am therefore considering the information rather from the angle of its value, or the value of similar details gained from similar sources in Canada, in helping to solve Canadian nursing problems. In view of the fact that the Canadian Nurses and Canadian Medical Associations are urging a study of nursing in Canada, a Canadian reader almost unconsciously questions: "Would we follow a plan similar to this or that, and are these facts or these opinions really worthwhile?"

The book, written by Dr. May Ayres Burgess, director of the "Committee on the Grading of Nursing Schools" in the United States of America, is the report of the first of the three definite projects of the Grading Committee. These projects are stated as:

1. The supply and demand of nursing service.

2. What nurses need to know, and how they may be taught.

3. The grading of nursing schools.

This book is called a study of the "Economics of Nursing," and the apparent narrowing of the study of general "supply and demand" to that only of the supply and demand of nurses for private duty, and only with patients able to pay for such service, has made the report a very disappointing one.

Interesting predictions are made as to the probable number of nurses there will be in forty years, to each 1,000 physicians and for each 100,000 of the population, should the present rate of increase in the numbers of nursing schools and their graduate output continue. Valuable information is given in regard to the number and the size of the nursing schools, and the proportion of nurses graduating from schools conducted by the large and by the small hospital. While the committee has not yet directly sought information regarding the individual schools, or at least has not yet completed its first "grading" studies, sufficient information is given to indicate that there are wide variations in the educational programmes of the different schools; but the greater portion of the first part of the book is devoted to information gathered from physicians, patients, registrars, and the nurses themselves. Most interesting is the information gained from nurses in the various fields, and most of the answers suggest thoughts well worthy of study by those responsible for the conditions under which the different groups carry out the duties of their calling. One regrets the limited returns from such an important group as the private duty nursing group. It is realized that the returns from ten states should reasonably be regarded as typical, but only 35 per cent. of the private duty nurses in these ten states responded. Again, since the information given was based upon conditions of employment (or unemployment) during the preceding week only, realizing what a degree of variation there is in the work of private duty nurses, we must agree that the information is rather limited upon which to base any very sound conclusions regarding conditions of employment.

The information received from registrars did not appear to add very materially to a knowledge of the facts concerning supply and demand, and adds nothing to the facts concerning general community needs.

The section dealing with the opinions expressed by patients is, in part, anything but pleasant reading to nurses. It is a satisfaction, however, to remember that serious complaints were made by only twelve or fourteen per cent. of the patients who responded to the questionnaires: eighty-six per cent. of the patients stating that they would like to have the same nurse again. Some of the replies quoted evidently refer to the nursing situation in hospitals, not to care by the graduate nurse. Many will undoubtedly question the value of the information collected through these questionnaires; "opinions" we have had in the past, and we knew the source and could investigate the situation and evaluate their weight. Can we now accept more opinions from unknown sources as "facts"? As to some of the questions asked, many nurses will query the effect on the public, in its estimate of the nursing profession, when the Grading Committee would think it necessary to ask such a question as the one concerning gifts or "tips." One may question, too, the amount of space devoted to the recording of complaints, remembering that they represent the opinions of only twelve to fourteen per cent. of those replying. Since many readers will not take time to study the whole report in detail, is there a possibility of leaving wrong and very unfavourable impressions?

The information obtained from physicians indicates the interest of those replying, and indicates to a certain extent the number of nurses per physician who will probably, **under present conditions**, be required for private duty. Attention must, however, be drawn to the number of physicians who responded. To the first questionnaire sent to 38,000 subscribers to the American Journal of Medicine resident in ten states only 1,459, or **four per cent.**, replied. To the **third** questionnaire sent to 19,200 of the 95,180 members of the American Medical Asociation, who had replied in the affirmative to the questions whether they frequently employed nurses and as to their willingness to reply to a questionnaire, only 2,882, or **fifteen per** cent., of the 19,200 responded. Thus, in all, less than four and one-half per cent. of the total membership of the American Medical Association replied to the questionnaires. Does this information add much to the facts already known? Does the lack of more numerous replies indicate that the medical profession at large feels that there is no nursing problem towards the solution of which they can add any material aid? Have we the information upon which to base any sound conclusions?

The main source of disappointment, however, is that the study has left untouched the situation which seems to be of transcendent importance: that is a study of the nursing needs of the community, and the proportion in which these needs are being met. We know that the sick person in the poorest walk of life requires—to make the best recovery—nursing equally skillful to that required by a king or a president. With much talk of health insurance and state medicine, and with some such legislation already in force, are we justified in basing estimates of "demand" in the future upon present conditions of employment? Some time ago, reading a report of a visiting nursing organization which was carrying out a generalized public health programme, its estimate for the new year's work was based upon what it had **not** been able to accomplish in the community, not upon what it had done. Can we do less in the whole nursing programme? Lack of employment among both physicians and nurses has been shown in earlier studies to be largely a problem of distribution due to gravitation to the larger centres. No evidence to the contrary is presented here. It is undoubtedly essential that the laws of supply and demand must be studied, but it is equally true that the will of the people is to place "essential" services within the reach of all.

There are many interesting and valuable thoughts presented in Part II of the book in the comments and suggestions offered. In the chapter which comments on the Hospital and the Nursing School, attention is drawn to the need for serious study of the question, "Why is a school of nursing established"? All nurses will be in hearty agreement with the two principles which the Grading Committee has gone on record as holding:

1. "No hospital should be expected to bear the cost of nursing education out of the funds collected for the care of the sick. The education of nurses is as much a public responsibility as is the education of physicians, public school teachers, librarians, ministers, lawyers, and other students planning to engage in professional public service, and the cost of such education should come, not out of the hospital budget, but from private or public funds.

2. "The fact that a hospital is faced with serious financial difficulties should have no bearing upon whether or not it will conduct a school of nursing. The need of a hospital for cheap labour should not be considered a legitimate argument

for maintaining such a school. The decision as to whether or not a school of nursing should be conducted in co-operation with a given hospital should be based solely upon the kinds and amounts of educational experience which that hospital is prepared to offer."

The chapter on the nursing of the country patient and the plan offered as a solution of the problem appeal strongly to those who are familiar with rural problems. In many rural hospitals an attempt has already been successfully made to combine a limited health programme with the curative work of the institution. The fuller development of the public health side of the hospital's programme appears to present almost unlimited possibilities for community betterment, and will undoubtedly make such rural fields much more attractive to the well qualified nurse.

The material is all presented in a very readable way, and tables and graphs present very clearly the substance of the information which has been secured through the many questionnaires. Copies of all questionnaires are included in the appendix, and a report is made as to the response to each. This section must be carefully studied that one may evaluate the information presented and the author's conclusions and comments. That the study of the "demand" for nursing service is far from complete has already been commented upon. That the report is thought-provoking is evidenced by the number of comments from varied sources already published in the professional journals, and by the number of studies of local situations already instituted. The book deserves the careful study of all nurses, and especially hospital and nursing school administrators, and of all who have a part in the guidance of nursing affairs.

(Reviewed by Mabel F. Gray, R.N., Assistant Professor of Nursing, The University of British Columbia.)

How You Began: A Child's Introduction to Biology. By Amabel Williams-Ellis, with prefaces by J. B. S. Haldane. London: Gerald Howe; pp. 96. Price 2s. 6d.

Side by side the author has arranged an account of evolution and the story of embryology in such a way that children who can read will enjoy reading it for themselves and smaller children will listen to the story with the greatest enjoyment.

Most of us disagree with the old theory that biology is an unsuitable subject for small children. The problem has been how to present it to them to hold their interest. In this little volume parents, teachers, physicians and nurses have been provided with an almost ideal presentation of the subject for children. The story of embryology is a play story—how we played at being a fish or a furry animal, but only played because all the while we were intended to be something higher in the scale. The account of evolution is marked off in separate paragraphs and so may be read as a separate story quite as fascinating as its companion piece.

The reason for and value of such a book is well expressed by J. B. S. Haldane in the "Preface for Grown Ups" in the sentence "hygiene is applied biology and you cannot act hygienically if you have not learned to think biologically."

—H. C. C.

Pamphlets Received

Survey, Public Health Activities, Montreal, Canada, 1928. By the Montreal Health Survey Committee. Published by The Metropolitan Life Insurance Company

Recreational Therapy in Convalescence and Allied Sub-Normal Health Conditions, by Frederic Brush, M.D., medical director, the Burke Foundation, White Plains, N.Y., sent through the Shirg's Fund.

Fourth Annual Report, 1927-1928, of the Montreal Anti-Tuberculosis and General Health League. A. Grant Fleming, M.C., M.B., D.P.H., managing director.

PHYSICIANS AND NURSES WARNED AGAINST COUNTERFEIT DRUGS

Action of the Board of Health in the City of New York uncovers the fact that a bold attempt has been made recently to put on the market spurious imitations of some standard pharmaceuticals.

These imitations closely resemble the genuine article. They are packed in similar bottles and cartons, with labels that are counterfeits of the originals, so that it is difficult to detect the fraud.

The New York Board of Health analyzed a number of specimens of these spurious articles obtained from various pharmacies. They demonstrated conclusively their fraudulent character and that the desired therapeutic effect could not be obtained by their administration.

Principal among the drugs which have been imitated is Luminal, the spurious tablets of which contained no phenobarbital but an entirely different drug.

The druggists who dispensed the counterfeits were brought into court and heavy fines were imposed. A warning has been broadcast to the retail drug trade to beware of these bootleg drugs and to refuse to accept standard preparations which are offered to them at unusually low prices by peddlers or irresponsible firms.

The therapeutic effect of Luminal is well known to the physicion, and when he encounters a patient who does not respond in the usual way to the action of the drug his suspicions should be aroused. In such instances he should procure an original bottle of the product dispensed and send it to the Winthrop Chemical Company, 117 Hudson Street, New York, for analysis.

Your local board of health will also be anxious to hear of any attempts to perpetrate this fraud in your community.

News Notes

INTERNATIONAL COUNCIL OF NURSES

It can readily be imagined that during these months preceding the Sixth General Meeting of the Council, which will be held in Montreal from July 8th to 13th inclusive, that members of every organization of nurses in Canada are busily engaged in learning all information available concerning the Council. Also that they are studying and planning ways and means by which they can best assist our Committee on Arrangements with the preparation for the meeting and the entertainment of our guests.

Canadian nurses planning to attend the Congress are requested to aid the Committee on Arrangements by sending in their applications for accommodation at an early date, applications to be sent to: Committee on Arrangements, Royal Victoria Hospital, Montreal. The rates for rooms in the large hotels are as follows:

Single room	$3.00—$4.00
Single room with bath	5.00— 7.00
Double room	5.00— 7.00
Double room with bath	8.00—10.00
Large room, 3 persons	7.50—10.00
Large room, 4 persons	8.00—12.00

Rates for bed and breakfast in convents and boarding houses are from $1.20 to $1.50.

The Sub-Committee on Exhibits announce that applications for Exhibits space and the amount of space required should be made before March 1, 1929, to Miss C. M. Ferguson, Royal Victoria Hospital, Montreal.

ALBERTA

CALGARY: We regret to announce the loss sustained by Mrs. Stewart Brown, honorary president of the Calgary Association of Graduate Nurses, in the death of her second son, Richard, at Hamilton, on December 31st, 1928, at the age of 20 years. Our deepest sympathy is with Mrs. Brown in her bereavement.

MANITOBA

GENERAL HOSPITAL, WINNIPEG: Miss Gertrude McMullin (1920), has left to spend the winter months in California.

Miss Grace Bedford (1920), in company with her father is spending the winter in California.

Miss Sadie Bentley (1920), has left for New York City.

Misses I. McKinnon and M. Macrae (1911), are relieving in the General Hospital, Dauphin, during Miss K. Cotter's (1905) absence in California.

Miss Elsie Wilson (1915), of the Provincial Board of Health staff has left for California where she will spend several months.

Miss R. Fogarty (1898), had the misfortune to fracture her arm early in December.

Mrs. P. Weims (1926), has resigned her position in charge of the Children's Ward and has left for the States.

Miss Evelyn Hall (1912), of Sintaluta, Saskatchewan, spent a few days in the city early in the New Year.

Sympathy is extended to Miss Erma McLeod (1928), in the death of her father in December, and to Mr. and Mrs. Welch, of Boissevain, in the sudden death of their daughter Marjorie (1928), within a few days of the completion of her training.

BRANDON: The December meeting of the Brandon Graduate Nurses Association was held at the home of Mrs. Sharpe. Dr. Maud Robertson, of Boissevain, gave an interesting paper on "Problems of the Private Duty Nurse." Refreshments were served, and an enjoyable social hour spent.

Miss C. Lynch, superintendent of nurses, Brandon Mental Hospital, has returned after attending a post graduate course at Bloomingdale, N.Y.

NEW BRUNSWICK

CHIPMAN MEMORIAL HOSPITAL, ST. STEPHEN: Miss Grace Moffat, of Sherbrooke Hospital, has been appointed superintendent of the Chipman Memorial Hospital. Miss Buchanan, her assistant for a short time, has resigned to accept a position as superintendent of Laurentian Sanatorium, St. Agathe, P.Q. Miss Sinclair who has been night supervisor, is taking Miss Buchanan's place temporarily, and Miss Myrtle Dunbar is night supervisor.

Miss Hazel Darker, supervisor of operating room, is spending her vacation at her home in Sherbrooke, P.Q. Miss Maxine Johnson is taking her place during her absence.

Miss Nellie Spinney is spending her holidays with her mother.

Miss Irene Sherrard has gone to Claremont, N.H., to do floor duty in the hospital there.

A recent business meeting of the local chapter, New Brunswick Association of Registered Nurses was held in Miss Moffat's suite, after which the members enjoyed a social hour.

SAINT JOHN: Much sympathy is extended to Misses Mary Clarke (General Public Hospital, 1926), and Hazel Reicker (General Public Hospital, 1927), in the deaths of their fathers.

Miss Frances Day of the staff of the General Public Hospital is ill, and her friends hope for a speedy recovery. In her absence Miss Isabelle Richardson has taken over her duties.

Friends of Miss Alice Cousins are glad to know that she has sufficiently recovered to resume private practice.

Misses Mary Walsh and Margaret Higgins (St. John Infirmary), have gone to New York to take institutional positions there.

NOVA SCOTIA

HALIFAX: There was held in December at the Nurses' Home at the Victoria General Hospital a well-attended meeting of the Alumnae Association of the Victoria General Hospital, with the president, Miss Ethel Warner, in the chair. The outstanding matter for discussion and action was that of perfecting arrangements for a bridge party to raise a fund to be contributed to the general fund for the great conference of the International Council of Nurses, which is to be held in Montreal next summer, and will assemble in the Canadian metropolis hundreds of finely representative members of the nursing profession from many different countries.

Recently, the Lord Nelson Hotel was the scene of a very delightful tea given by the Nova Scotia Registered Nurses Association in honour of Miss Mary Watson, Superintendent, Yarmouth Hospital, an efficient officer, who is shortly leaving the Province on an extended and well-earned holiday.

Every member of the executive was present, anxious to do honour and express regret at the loss of so valued a member. Among the guests was Miss Caie, secretary of the Yarmouth County Hospital Association, accompanied by Miss Anna Young. An interesting visitor was Miss Mitchell who has given seventeen years valiant service in China.

Miss MacIsaac, matron of Camp Hill Hospital, poured tea, and delicious refreshments were served by a bevy of nurses. Miss G. Strum, superintendent of Victoria General Hospital School of Nurses, Miss Carson, superintendent of the Children's Hospital, Miss Fleming, of the Nova Scotia Hospital, Miss Margaret Mackenzie, of the Provincial Department of Health, Miss Fenton, superintendent of the Dalhousie Public Health Clinic, and Miss Campbell, superintendent of the Victorian Order of Nurses, were present.

This function was made the occasion of a presentation to Miss Watson of a leather wardrobe hat box on behalf of all, by the president, Miss Catherine Graham, who expressed their keen sense of loss at the impending separation, their appreciation of Miss Watson's sterling qualities of mind and heart, her forgetfulness of self, when duty called, and her splendid efficiency, as exemplified in her profession, recalling the fact that when Miss Watson took charge of the Yarmouth County Hospital it was a cottage of a few beds, and greatly due to her capable leadership it is today an up to date accredited institution. In closing, the president extended sincere good wishes from every nurse in Nova Scotia to Miss Watson for her future happiness and success, wishing her God speed in all her undertakings. Miss Watson's reply, though brief, was tinged with much feeling, obviously this demonstration of confidence, esteem and affection on the part of her sister nurses was deeply and heartily appreciated by the recipient. The afternoon was a happy one in spite of the shadow of severance hovering near.

YARMOUTH: On the occasion of her resignation of the superintendency of the Yarmouth Hospital, which her ability brought to a high state of efficiency from insignificance, Miss Watson had a remarkably flattering proof of the regard which she has inspired. The presentation function was held at the Grand Hotel, Yarmouth, in the presence of the leading people of the community—in respect to its representative character it was a remarkable gathering. The first gift presented was from the Board of Directors, and consisted of a solid ivory box, bearing her initials in monogram. It contained twenty shining $10 gold pieces, and the address which accompanied it gave unqualified expression to regard. From it "The Mail" quotes but a small part which, however, will indicate its sincerity and warmth: "It is very hard—indeed it is impossible—to put into formal phrase the sincerity and warmth of feeling which so many of the people of this town and county, and of the adjoining counties entertain towards you for the skilful, patient and sympathetic service given by you in your capacity of superintendent of the Yarmouth Hospital; service personal to many of them, or to their immediate relatives or friends. It was surely something more than an accidental circumstance that when in response to an advertisement published by this society seventeen years ago asking for applications from persons qualified to act as superintendent of our small cottage hospital, you applied for the position, and it was certainly a fortunate choice when the directors selected your application from among several then before them. This has been demonstrated by the splendid quality of the service given by you, and by the nurses under your charge, and still more by the unusual executive ability, and untiring devotion to the work which in spite of so many hindrances and difficulties have contributed so largely to the development of the institution from such a small beginning into the fine buildings and equipment of the Yarmouth Hospital as we find it today. In leaving us you are leaving behind many sincere friends, whose best wishes for your future welfare and happiness will follow you, and it seems reasonable to believe that you will always retain a warm feeling of kinship with the institution here which owes so much to you." By the Ladies' Aid Society of the hospital, Miss Watson was presented with a gold mesh bag, and by leading physicians through Dr. G. W. T. Farish, with an exquisite diamond dinner ring. Each gift was accompanied by an enthusiastically appreciative address, Miss Watson being very visibly affected by the spontaneity and generosity and good will.

ONTARIO

APPOINTMENTS

The following appointments have been made:

Miss Emily Groenawald (Women's College

Hospital, Toronto, 1928), anasthetist in one of the leading dental offices in Toronto.

Miss Amy Hayward (Women's College Hospital, Toronto, 1928), assistant supervisor at a Red Cross outpost, St. Joseph's Island, Northern Ontario.

Miss Gertrude Finnemore (Women's College Hospital, Toronto, 1928), Red Cross work at Cobill, Ontario.

Miss Adele Cameron (Toronto General Hospital, 1926), charge second floor, Private Patients' Pavilion, Toronto General Hospital.

Miss Frances Charlton (Toronto General Hospital, 1924), charge Emergency Department, Toronto General Hospital.

Miss Winnifred McCunn (Toronto General Hospital, 1927), charge of Ward "I," Toronto General Hospital.

Misses Hope Heggie (Toronto General Hospital, 1926), Clare McConnell (1927), Florence Moore (1927), and Ruth Ames (1928), floor duty, the Pavilion, Toronto General Hospital.

Misses R. Belanger, Jeanne Cardinal (Ottawa General Hospital, 1928), supervisors of Maternity and Surgical floors respectively, at the Jeanne d'Arc Hospital, Montreal.

Miss Archange Labelle (Ottawa General Hospital, 1925), supervisor, Maternity Department, St. Mary's Hospital, Ottawa.

Miss G. Briand, assistant superintendent of nurses, St. Mary's Hospital, Ottawa.

Miss Emily Fallis, charge, Men's Surgical Ward, Ottawa Civic Hospital.

Miss Marion C. Woods (Ottawa Civic Hospital, 1926), and post graduate of Post Graduate Hospital, New York City, operating room supervisor in Grace Hospital, and Miss Doris L. Kent (Grace Hospital, 1927), assistant.

District 2

General Hospital, Brantford: The December meeting of the Alumnae Association was held in the Nurses' Residence. Miss Dora Arnold, president, occupied the chair. The speaker of the evening was Mrs. Scott ("Happy" Day), a former graduate of the Brantford General Hospital. For the past eight and a half years, Mrs. Scott has been active in the mission fields of India, of which she related her experiences in a most interesting way. Special attention was drawn to the high mortality rate, and of the dreadful conditions surrounding midwifery of that country.

Her most enlightening address was much enjoyed by all, and a very hearty vote of thanks was tendered her. Miss Robinson presented Mrs. Scott with a handsome brass tabouret as a slight token of the high esteem in which she is held, accompanied by the good wishes of all present.

An interesting feature of the evening was a cup and saucer shower.

Refreshments were served by the social committee under the capable convenership of Miss Annabelle Hough.

District 4

St. Catharines: The regular monthly meeting of the Mack Training School Alumnae was held December 5th, 1928, at the Leonard Nurses' Home. The regular business meeting was followed by a musicale and tea.

The Registered Nurses of District 4 held their regular quarterly meeting on November 24th, 1928, at St. Catharines. The meeting opened with the singing of "O Canada" and usual preliminaries—the president in the chair. A most interesting report of the general meeting C.N.A. was given by the delegate and secretary, Miss Eva Moran. Miss MacIntosh, convener of the District, was called upon to discuss the ways and means by which the District could raise funds for the International Congress.

During the supper hour a very pleasing musical programme was given. Following this a most enlightening illustrated travel talk—"A Month Spent Abroad," was given by Dr. W. J. MacDonald, of St. Catharines.

District 5

Women's College Hospital, Toronto: Miss Bertha Arksey (1928), awarded the Public Health Scholarship, is at present attending the University of Toronto.

Miss Mabel Jones (1928), has been awarded the Indian Medal for highest marks obtained by any Indian nurse in training in Canada this year. This entitles the recipient to a post graduate course in Public Health Nursing in New York City. Miss Jones intends to take the course this spring.

Hospital for Sick Children, Toronto: The Alumnae held a most successful meeting on December 11th, 1928, which took the form of a Christmas party and shower, each member bringing a gift of some sort to be distributed among the less fortunate. Donations became so numerous, that they overflowed the tables, and were in piles on the floor.

Games that tested the ingenuity of nurses were played, and the prize for the "Medical Spelling Match" was won by Miss Crosby, and for the "Smelling Contest," by Miss Murdoch—music, musical chairs and refreshments brought the evening to a close. A very large number were present.

General Hospital, Toronto: Miss Janice McKinnon (1924), is spending the winter in Florida.

Miss L. Shannon (1922), of Detroit, visited in Toronto during the Christmas season.

Miss Olive J. McNee (1922), has left Yonkers, N.Y., and is doing floor duty at St. Luke's Hospital, New York.

Grace Hospital, Toronto: From letters received from Miss Hilda Duckworth (1927), from England, it is learned that she is being sent to a mission centre in Duzdab, Persia, instead of to India, as she at first expected. She sailed from England for Persia on January 4th, 1929.

District 8

General Hospital, Ottawa: Miss A. Blant is taking a post graduate course in pediatrics at Columbia University, New York City. On completion of this course Miss Blant will accept a position in the sanatorium at Three Rivers, P.Q.

CIVIC HOSPITAL, OTTAWA: Miss Evelyn Horsey has resigned from the staff to take post graduate work in pediatrics at the Children's Hospital, Boston.

The nurses enjoyed a very splendid Christmas Tree party among themselves the Saturday before Christmas, and the annual Christmas dance was held at the Nurses' Home on December 28th, 1928.

Through the generosity of the Hospital Trustees the nurses have been presented with a splendid Electrola and a "Radiola 60."

DISTRICT 9

STONE MEMORIAL HOSPITAL, PARRY SOUND: The Graduation Exercises of the Stone Memorial Hospital, were held in the hospital parlours on December 28th, 1928, when two nurses received their diplomas: Misses Dorothy B. Cole and Verna M. McCullough. The Florence Nightingale Pledge was administered and diplomas presented by Mr. H. E. Stone. Rev. Mr. Turner very ably presided, while appropriate addresses were given by Rev. Mr. Brydon, Rev. McCurlie and Captain Calvert, followed by a Prayer of Consecration by Rev. Mr. Miller. The programme included delightful vocal and instrumental solos.

Miss Dorothy Cole, a recent graduate of the Stone Memorial Hospital has accepted a position on general duty in a hospital in Brooklyn, N.Y.

DISTRICT 10

The annual meeting of District 10, R.N.A.O. was held in McKellar Hospital Nurses' Home, Fort William, December 6th, 1928, with 36 nurses present. Dr. A. T. Gillespie gave an interesting address on the "History of Medicine." The following officers for 1929 were elected: Chairman, Miss Jane Hogarth, Fort William; Vice-Chairman, Miss Anna Boucher, Port Arthur; Secretary-Treasurer, Miss R. Wade, Port Arthur. Final arrangements were made for the bazaar which was held on December 17th, the proceeds of which amounted to $250.00.

McKellar Hospital Alumnae held their December meeting in the home of Miss Vera Lovelace, Port Arthur, 16 nurses present. Following an interesting and instructive paper on Laryngectomy by Miss Doris Dow, who has just recently returned from taking a post graduate course at the Manhattan Eye, Ear, Nose and Throat Hospital, the meeting took the form of a Christmas party, each nurse receiving a gift from the Christmas tree. A committee was appointed to buy anything required for the Alumnae Ward in the McKellar Hospital, which was furnished in 1923 by the Alumnae as a memorial to their beloved superintendent, the late Miss Isabel Johnstone.

Misses A. Simpson and E. Ellis, Port Arthur General Hospital, 1928, are taking a post graduate course at the Royal Victoria Hospital, Montreal.

QUEBEC

ROYAL VICTORIA HOSPITAL, MONTREAL: On New Year's afternoon Miss Hersey and staff were at home to all R.V.H. graduates and their friends. The guests, numbering about one hundred and fifty, were received by Miss Hersey. Mrs. Stanley and Miss Goodhue presided over the tea table.

Miss Clarice Smith (1926), has returned to Montreal and is doing private nursing.

Miss Isabella Goodearle (1924), is in charge of a medical floor at the Medical Centre, New York.

Miss Stella Byrne (1925), is in charge of Corner Brook Hospital, Corner Brook, Newfoundland.

Mrs. Alan B. Taylor (Mary Byers, 1918), was a recent welcome visitor at the R.V.H. after an absence of several years in Durban, South Africa.

Christmas greetings were received at the R.V.H. from Mrs. Archie Crawford (Mary Pickard, 1922), Beirut, Syria.

Many friends will be glad to hear that Miss Frances Pendleton (1920), is recovering after a recent serious illness.

Misses Ann Sparling and Jane Wheaton (1924), have joined the staff of Guelph General Hospital.

The annual meeting of the Alumnae was held January 9th in the Nurses' Home. The following officers were elected for the year: President, Mrs. Stanley; First Vice-President, Mrs. LeBeau; Second Vice-President, Mrs. Scrimger; Treasurer, Miss Burdon; Recording Secretary, Miss G. Martin; Corresponding Secretary, Miss K. Jamer; Conveners of Committees: Finance, Miss Enright; Programme, Mrs. Scrimger; Sick Visiting, Miss Gall; Representative "The Canadian Nurse," Miss E. Flanagan; Local Council of Women, Misses Hall and Yeats; Private Duty Section, Misses Steel, McCallum, Palliser and McKibbon.

It was unanimously voted to give the sum of $1,000 towards the fund for the International Congress to be held in Montreal in July.

At the close of the meeting a platinum bar pin was presented to Mrs. Roberts, retiring recording secretary, in appreciation of her many years of faithful service in that office. After the meeting refreshments were served.

Miss Adelaide Sims (1898), has resigned her position as superintendent of Kenogami Hospital to be near her brother Dr. Bert Sims who is seriously ill. Miss Sims is now at 27 Sussex Street, Ottawa.

Miss Ethel Burns (1922), is spending the winter in St. Petersburg, Florida.

GENERAL HOSPITAL MONTREAL: The following appointments have been made: Miss Sarah BellFraser (1928), charge, public floors, C and D, Montreal General Hospital.

Miss L. L. Best (1927), staff, Women's General Hospital, Westmount, P.Q.

Miss Phyllis Tremaine (1927), office nurse with Dr. Walsh at Medical Arts Building, Montreal, P.Q.

At the December meeting of the Alumnae Association, Miss Cramp, of Montreal, gave a very interesting illustrated lecture on the life and work of Michael Angelo.

A number of Montreal General Hospital graduates spent their Christmas holidays at their respective homes.

Miss Lucrecia Stewart (1925), is with the Provincial Department of Public Health Nursing, at Virden, Manitoba.

Sympathy of the members is extended to Miss Dorothy Jones (1928), in the recent loss of her mother.

The engagements of Misses Beryl Campbell (1928), to Mr. Russell Pikaart, Belleville, New Jersey; and Anna Marie Le Blanc (1927), to Mr. Edward Ney-Smith Christison, have been announced.

Miss Frances Upton resigned from Laurentian Sanatorium, St. Agathe des Monts, on December 15th, 1928, to take up her duties as Executive Secretary for the Arrangements Committee of the International Council of Nurses, the beginning of January, 1929, with her office at Royal Victoria Hospital. Miss Mildred Buchanan succeeds Miss Upton at St. Agathe. Miss Juana McCosh has taken a position in the same institution.

Error in last month's items of Montreal General Hospital, stated Miss Doris Stevenson (1928), had taken charge of operating room at Children's Memorial Hospital, Montreal, instead of Montreal Children's Hospital.

SASKATCHEWAN

The first issue of the Monthly News letter of the Division of Public Health Nursing, Department of Public Health, appeared in December.

Miss K. M. Ross (Regina General Hospital, 1915), recently of British Columbia, has accepted the position of superintendent of nurses, Regina General Hospital, and assumed her new duties in December.

Miss Elizabeth Cameron, Carman, Manitoba, has taken charge of the Red Cross Outpost at Bracken, replacing Miss Shantz, resigned. Miss Gladys Black, Moose Jaw General, who has been assistant at Bracken, took charge of Lucky Lake, January 1st, replacing Miss Johnson, resigned.

Miss Mark (Saskatoon City Hospital), has gone to the Red Cross Outpost at Kelvington.

Miss Elizabeth Farquharson (Regina General Hospital), who has been in charge at Wood Mountain, resigned January 1st, to be married early in 1929.

We are sorry to report the serious illness of Miss L. Noble, who is a patient in the Saskatoon City Hospital.

KERROBERT: Recently Miss Mabel Stowe resigned her position as matron of the Kerrobert Union Hospital. Previous to her departure Miss Stowe was presented with a Royal Crown Derby tea set by the citizens of Kerrobert, and with a silver tea service from the staff nurses of the hospital.

PRINCE ALBERT: Prince Albert Graduate Nurses Association lost a very faithful member in the death on December 15th, 1928, after a long and trying illness, of Mrs. Wm. M. Traill (Frances Eleanor Fortescue, Montreal General Hospital, 1897-98), who was instrumental in the founding of the Association and, until prevented by illness took an active interest in all concerning it, and attended regularly at all meetings. She had many thrilling tales to tell of her experiences doing private duty under most primitive conditions and in the Boer War. Married eighteen years ago she spent those years in Prince Albert helping with Red Cross Nursing classes and other activities, and always in touch with those who were actively engaged in nursing. The deepest sympathy of the association is extended to her husband and daughter.

QUEEN VICTORIA HOSPITAL, YORKTON: Graduation Exercises were held on December 18th, 1928, when diplomas were presented to: Misses Kathryn Isabel Abel, Marie Augusta Lee, Katie Louise Shibbom, Olive Roberta Peake, Tomera Ramsay, Anna May Sperce, Cora Ellen Gibney, Nedra Elizabeth Cockwill. Miss Lee was awarded the general proficiency medal. A reception was later held in the City Hall.

VICTORIAN ORDER OF NURSES

A Regional Conference for Board members, arranged by a Sub-Committee of the Central Board of the Victorian Order of Nurses, was held at the Connaught Hotel, Hamilton, on January 15th.

The programme for the day included: a discussion topic, "Interlocking Relationships in Health Service," and brief papers presented by Dr. Grant Fleming, of Montreal, Dr. Roberts, of Hamilton, Misses E. H. Dyke and Ethel Greenwood, of Toronto. The session closed with a brief dramatization of the nurse's entrance to the home.

Misses Amy Holden (Victoria General Hospital, Halifax), and Faye Saunders (Areostook Hospital, Houlton, Me.), have been appointed to the staff in Halifax.

Miss May Siebert has resigned from the V.O.N. in Gaspe, P.Q.

Miss Dora Ashkins (Dawson Memorial Hospital), has been appointed as second nurse in New Glasgow.

Mrs. Dubeau (St. Vincent de Paul Hospital, Sherbrooke), has been appointed to the staff in Cornwall.

Miss Margaret Clements (Children's Memorial Hospital, Montreal), has been appointed to the staff in Galt.

Miss Grace Whiessiel (Ottawa Civic Hospital), has been appointed as second nurse in Pembroke.

Miss Dorothy Driffield (Montreal General Hospital), has been appointed to the V.O.N. in Smith's Falls to fill the place left vacant by the resignation of Miss Ethel Laird.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

ARMSTRONG—On January 7, 1929, at Calgary, Alberta, to Mr. and Mrs. R. Armstrong (Alma Mercer, Calgary General Hospital, 1921), a daughter.

BISSON—On November 17, 1928, at Ottawa, to Mr. and Mrs. Bisson (C. Landry, Ottawa General Hospital), a son, Earl Francis.

BOULDING—On December 16, 1928, at Calgary, Alberta, to Mr. and Mrs. E. F. Boulding (Rachel Moran, Grey Nuns' Hospital, Regina, Saskatchewan), a son.

BOYD—Recently, at Edmonton, to Mr. and Mrs. R. J. B. Boyd (Royal Alexandra Hospital, Edmonton), a daughter.

BROWN—On January 2, 1929, at Collingwood, Ontario, to Mr. and Mrs. Horace Brown (Bernice Strathy, Toronto General Hospital, 1924), a son.

CHALMERS—On January 5, 1929, at Sudbury, Ontario, to Mr. and Mrs. Alan Chalmers (Agnes Connor, Toronto General Hospital, 1923), a daughter.

DOODY—On December 2, 1928, at Regina, Saskatchewan, to Mr. and Mrs. Doody (Alice Peake, Regina General Hospital, 1924), a daughter (Elizabeth Alice).

DRINNAN—On December 16, 1928, at Calgary, Alberta, to Mr. and Mrs. Andrew Drinnan (Nan B. D. Hendrie, Toronto General Hospital, 1921), a daughter (Rona Helen Blackwood).

ECKFORD—On December 17, 1928, at Calgary, Alberta, to Mr. and Mrs. Eckford (Laura K. Hunter, Toronto General Hospital, 1922), a son (Douglas Charles).

HIGGINS—On December 9, 1928, at the Brandon General Hospital, to Mr. and Mrs. S. Higgins (Ida Little, Brandon General Hospital, 1925), a daughter.

McKAY—On December 14, 1928, at Cessford, Alberta, to Mr. and Mrs. W. A. McKay (Miss Paynter, Winnipeg General Hospital, 1911), a daughter (Verna Theodora).

O'GORMAN—On November 17, 1928, at Ottawa, to Mr. and Mrs. O'Gorman (Irene Ripar, Ottawa General Hospital, 1920), a son (Thomas).

MARRIAGES

BURLEIGH—HEISLER—On January 1, 1929, at Lunenburg, Nova Scotia, Mary Belle Heisler (Montreal General Hospital, 1928) to Reginald W. I. Burleigh.

COMSTOCK—CLARK — On January 1, 1929, at Rosebud, Alberta, Helen Margaret Clark (Calgary General Hospital, 1928) to Lester Comstock, U.S. Ranch, Rosebud, Alberta.

DICKESON—WOODSWORTH — On December 11, 1928, at Edmonton, Alberta, Marion Josephine Woodsworth to Donald Dickeson.

JOHNSON—HOBSON—Recently, Phoebe Hobso (Royal Alexandra Hospital, Edmonton, 1928) to Evald Johnson.

JOY — LANGFORD — Recently, Isabel Langford (Winnipeg General Hospital, 1925) to Rev. Mr. Joy, of Dinsmore, Saskatchewan.

KEMP—NIXEY—On December 10, 1928, at Prince Albert, Saskatchewan, Winnifred Nixey (Victoria Hospital, Prince Albert, 1928) to Rex Kemp.

KILBOURN—McKAGH—On January 5, 1929, at Toronto, Mary Elizabeth (Betty) McKagh (Toronto General Hospital, 1924) to William Quay Kilbourn, of Owen Sound, Ontario.

KILLINS—MACGREGOR—On December 31, 1928, at Kirkland Lake, Margaret MacGregor (Royal Victoria Hospital, 1926) to Roy Killins.

MAGUIRE—DELANEY — Recently, at Saint John, N.B., Mary Delaney (Saint John Infirmary, 1929) to John Maguire, of Spencer, Mass.

MICHIE—BURRY — On November 10, 1928, at Edmonton, Alberta, Christine M. Burry (Royal Alexandra Hospital, Edmonton, 1926) to Dr. Thomas Campbell Michie, of Nanaimo, B.C.

MONAHAN—LEONOWENS—On November 15, 1928, at London, England, A. H. Leonowens (Montreal General Hospital, 1919) to Dr. Richard Monahan.

PLANCHE—CASS — On November 12, 1928, at Sawyerville, Carol Cass (Jeffery Hales Hospital, Quebec, 1925) to Harold Planche.

RUSSELL—STEWART—On January 7, 1929, Anne Stewart (Montreal General Hospital, 1928) to James G. Russell, of Cap Chat, P.Q.

SNIDER—NELSON—On December 22, 1928, at Toronto, Ontario, Anne Laidlaw Nelson (Grace Hospital, Toronto, 1921) to Dr. Roy James Snider, of Thessalon, Ontario.

SOMERS—HENDERSON—On November 28, 1928, at Saskatoon, Saskatchewan, H. G. Henderson (Saskatoon Children's Hospital, 1924) to W. E. Somers, M.D., of Foam Lake, Saskatchewan.

SUMNER—HARRIS—On January 1, 1929, at Burks Falls, Ontario, Martha Agnes Harris (Montreal General Hospital, 1926) to William Dixon Sumner, of Montreal.

WILSON—GAYMAN—On December 8th, at St. Catharines, Ontario, Anna A. Gayman (Mack Training School, St. Catharines, 1927) to Maurice Wilson.

WOODS—VAN DUZER—On December 28, 1928, at Toronto, Frances Van Duzer (Toronto General Hospital, 1922) to W. H. Woods.

DEATHS

EATON—On December 20th, 1928, at the Royal Victoria Hospital, of pneumonia, Mary Judson Eaton (Royal Victoria Hospital, 1922).

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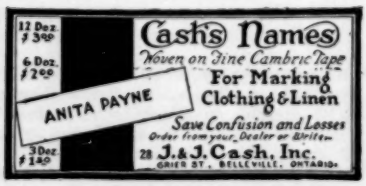

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(Continued from page 86)

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Patients suffering from depressed attacks are put to bed until their physical and mental condition shows improvement. Watchfulness to prevent suicide is the most important nursing measure. The nurse must not leave the patient alone, nor allow him to appeal to her sympathies to the extent of allowing him more freedom. It is sometimes necessary, especially after visits and recreation, to search the clothes, the bed, and the room for articles secreted for the purpose of self-injury or destruction. The search should be made in such a way as to avoid the disclosure of distrust and lack of confidence.

The patient's room should be sunny and cheerful, with bright hangings, books, magazines, flowers, etc. The food should be attractively served, and the patient given every inducement to eat it. He may refuse it because he thinks he does not deserve it, or has no money to pay for it, or will deprive others who need it more, or because he wishes to starve himself to death. If all other means of inducing the patient to eat fail, the physician must resort to tube feeding. Insomnia must be combatted and the patient kept warm. Massage is a tonic and stimulates the circulation, and the salt glow is also prescribed for its tonic effect.

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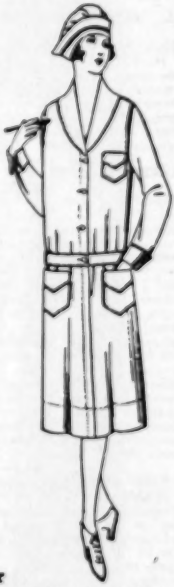

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